

GDPR Privacy Notice

Child's Name: _____

Class: _____

Name of person completing the form: _____

Address: _____

Date: _____

TO HOLLYGIRT SCHOOL:

I have read and understood the Parents/Guardians Privacy Notice.

Parents/Guardian/Fee payers to sign below:

Signed by NAME _____ Signature _____

Signed by NAME _____ Signature _____

Signed by NAME _____ Signature _____

Signed by NAME _____ Signature _____

Please return this form by Monday 4th June 2018 to the School Office