**PARENTAL DIRECT MARKETING CONSENT**

Please **complete all shaded boxes on these forms**

The school may wish to share with you details of events/activities from carefully selected providers, including our parents’ group. We need your consent below to allow us to send this information by email / messaging / leaflet

|  |  |  |
| --- | --- | --- |
| Name of School | **Ormston School** | |
|  | |  |
| Name of Child | | Year Group |
|  | |  |
|  | | |
| Name of Parent(s)/Carer(s) | | |
|  | | |

Please indicate **Y or N** to the following boxes:

|  |  |
| --- | --- |
|  | I give consent to receive information from **non-profit organisations** connected to the school |
|  | I give consent to receive information from carefully selected **providers that promote activities for children** (e.g. library services, holiday clubs) |
|  |  |

|  |  |
| --- | --- |
| **Signature** of Parents/Carers with Legal Responsibility for the Child  (please use an electronic signature where possible – we will send this back to you for signing if not) | Date |
|  |  |

**You may withdraw your consent at any time.**

**Please notify the office of any changes to these arrangements.**