



coláiste ghlór na mara

BAILE BRIGÍN

Over 18 Student Request Form

I, _____ student at, Coláiste Ghlór na Mara **aged 18 years or older**, hereby request and give consent to Coláiste Ghlór na Mara providing the parents/guardians nominated below with my personal data, on the same or similar basis as such was communicated prior to my reaching 18 years of age.

For the purpose of this request, please inform your parents/guardians of your decision to nominate them and obtain from them the information required below. Please also have your parents/guardians sign this request.

The methods by which I wish my parents/guardians to be contacted are:

- ☐ Ordinary post
- ☐ Email
- ☐ SMS text message/telephone call

The details given in A WILL BE THE PRIMARY CONTACT

A	
First Name:	Last Name:
Address:	
E-mail Address:	
Mobile No: (Mobile number the school will use to send SMS/Text notifications)	
B	
First Name:	Last Name:
Address:	
E-mail Address:	
Mobile No: (Mobile number the school will use to send SMS/Text notifications)	

I _____ acknowledge and declare that I have made this request to share my personal data of **my own free will and volition** and was **not coerced** to do so, **nor was I under duress** at the time of signing this nomination form, and that I have **chosen to make this request voluntarily and knowingly** and can withdraw this request in writing at any time.

Signed : _____ Date: _____
(Student / data subject)

To be signed by the parent/guardian(s) referred to as nominee(s)

I _____ acknowledge this request and hereby consent to the nomination such that I will receive from the school personal data regarding the data subject. I give this consent voluntarily and knowingly.

Signed : _____ Date: _____
(Nominee A/Parent/Guardian)

I _____ acknowledge this request and hereby consent to the nomination such that I will receive from the school personal data regarding the data subject. I give this consent voluntarily and knowingly.

Signed : _____ Date: _____ (Nominee B/Parent/Guardian B)

If a student does not wish their parents to be contacted once they turn 18 please put your own details in box A and provide an emergency contact in box B.

I, _____, student at Coláiste Ghlór na Mara understand that this form will come into force on _____ (Date of your 18th Birthday)

I understand that Coláiste Ghlór na Mara will contact parents/guardians on file without my direct consent if

- there is a concern regarding my wellbeing or welfare

Student Signature: _____

BÓTHAR NA hÁILLE, BAILE BRIGÍN, CO. ÁTHA CLIATH, K32 WV18.

UIMH FÓN: 01 841 6269. UIMH ROLLA: 68082L

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