

FRIENDS OF ST HILDA'S (F.O.S.H) CONSENT FORM



ST HILDA'S
CE HIGH SCHOOL

I give my permission to Friends of St Hilda's CE High School (F.O.S.H.) to collect, store and use my personal details below with the sole purpose to communicate any news, events and activities in relation to St. Hilda's High School – FOSH Team events. The personal details will not be shared with any third party and will be protected according to G.D.P.R.

First name: _____

Surname: _____

Email address: _____

Mobile number: _____

Relationship to St Hilda's: _____

Parent/carer of (child's name): _____

WISDOM
HOPE
COMMUNITY
DIGNITY
EQUALITY