



# DROM NATIONAL SCHOOL

## TEXT A PARENT FORM

Please fill in this form and ask your eldest child to return it to his / her class teacher:

Name of Child / Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent 1 / Guardian 1: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Parent 2 / Guardian 2: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

We have children in the following classes (Please write the name of each child in the appropriate class)

Class	Junior Infants	Senior Infants	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class
Name of Child								

Please indicate (tick) to us which phone should receive the text messages from the school.

Parent / Guardian 1	
Parent / Guardian 2	
Both	
Other (Please specify)	Name: _____ Mobile Phone: _____