



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.

To keep costs down, we would ask you to nominate only one parent / guardian in each family to receive school texts. However, should you wish for more than one parent / guardian to receive school texts (maximum of 2 people per family), we will be happy to facilitate your request.

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: _____