



REPUBLIC OF CYPRUS  
MINISTRY OF EDUCATION  
SPORT AND YOUTH

DEPARTMENT  
OF PRIMARY EDUCATION

PRIMARY/ PRE-PRIMARY / SPECIAL SCHOOL .....

SCHOOL YEAR: .....

**OFFICIAL SCHOOL COMMUNICATION WITH PARENTS/GUARDIANS -  
PARENTS/GUARDIANS' CONSENT FOR THE PROVISION OF PERSONAL DATA**

Dear parents/guardians,

On the occasion of the beginning of the new school year, the school's management wishes to inform you that in several cases, the school needs to contact you in order to inform you about matters concerning the pupils' activities or the wider operation of the school.

This communication can be done via email or phone call or text message (sms) on your phone.

2. Please fill in the statement below to let the school know whether or not you agree to the communication described above using your personal e-mail address or your personal mobile number.

STATEMENT	AGREE*	DISAGREE*
I agree to have the school contact me via my email address.  My email address is: .....		
I agree to have the school communicate with me via phone call or text message (sms) on my phone.  My mobile phone number is: .....		

\* Please complete by adding a ✓ in the right column.

3. Please fill in the details of your child/children who attend our school:

CHILD/CHILDREN'S NAME AND SURNAME	CLASS

Parent/guardian's name and surname (in full): .....

Parent/guardian's signature: .....

Date: .....

**Note:** Any time you wish to differentiate your above statement, please inform the school in writing.