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Our Lady's Secondary School
Belmullet
Co. Mayo
F26 RH50
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Re: Evening Study

Dear Parent/Guardian

Your son/daughter has expressed an interest in joining the **Evening Study** group for the year. This will take place on Tuesday, and Thursday Evening from **4 pm to 6pm**. This is a great opportunity for all students, especially the Junior and Leaving Certificate students and should help them in preparation for their exams.

There is a fee of €20 per school term.

Please sign below to say that you give permission for your son/daughter to attend **Evening Study** and that you will be responsible for picking them up each evening.

I _____ give permission to _____ (student's name)
to attend **Evening Study** from 4pm to 6pm on Tuesday and Thursday Evenings.

Signed (Parent) _____ Date. _____