



DATA PRIVACY CONSENT FORM

Please fill-out, sign, and submit a printed copy of the Consent Form upon enrollment.

I have received, thoroughly read, and understood the SY 2024-2025 Data Privacy Agreement of St. Vincent School, to which I voluntarily agree. I also freely consent for SVS to use, require an update, and share my or my child's personal data for the purposes provided in the Agreement.

Date: _____

Name of Student: _____

Grade level: _____

Signature over printed name of Parent

Signature over printed name of Guardian

Signature over printed name of Student

(if the student is 18 years old and above prior to the beginning of the school year)