



PRIDE OF FAHAN ALUMNI AWARD PARENTAL/ GAURDIAN PERMISSION SLIP

I understand my daughter is applying for the Pride of Fahan Alumni Award.

I am aware of my daughter's reasons for applying for this award and she has my permission to participate in this process.

I also give my permission for my daughter to participate in a selection interview and if her application is deemed successful to accept the Pride of Fahan Alumni Award.

Parent/ Guardian name	ć	 	
Signature:		 	
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Date:			