A close up of a logo

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Consent Withdrawal Form on Behalf of Pupil

*Please complete and deliver this form to the school office with your signature*

Please note that as a school we may have contractual, statutory and/or regulatory reasons why we will still process and hold details of a pupil, parent, staff member, volunteer or other person.

Where two parents share parental responsibility, or where this is shared and the pupil is capable of expressing a view (and there is conflict between the individuals the process of withdrawing consent) the request will be subject to an evaluation to enable a decision to be reached that is considered to be in the pupil’s best interests.

……………………………………………………………………………………………………….

Withdrawal of Consent for an Individual

I, …………………………………………, withdraw consent on behalf of: ………………………………… for Dale Primary School and/or Stonehill Nursery School (delete as appropriate) to process their personal data. I withdraw consent to process my personal data for the purpose of

…………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………….

I confirm that I am ……………………………….…. and have parental responsibility for the pupil.

Signed: ……………………………………………………………………... Date: ………………………….

Received On: …………………………. By Staff Member: …………………………………………………

Actions:

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