

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 PR is shared and the pupil is capable of expressing a view and there is conflict between the individuals the process of withdrawing consent will be subject to an evaluation and discussion to enable a decision to be reached that is considered to be in the pupil's best interests.

We may need to seek identification evidence and have sight of any Court Order or Parental Responsibility Agreement in some cases to action this request. If this is the case a senior member of school staff will discuss this with you.

Withdrawal of consent on behalf of a pupil

		spect of (Pupil
Name) for Highfields Primary	y School to process their persona	al data.
I withdraw consent to proces	s their personal data for the pur	pose of
		, which was previously granted.
I confirm that I am responsibility for the pupil.		(Parent/Carer) and that I have parental
Signed:		
Date:		
Received by school staff memb	oer:	
Date:		
Actions:		