Appendix 2a Holy Rosary Catholic Primary School Withdrawal of Consent Form – on behalf of pupil

Please complete and sign this form and return it to the office.

Please note that 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 parental responsibility 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 the school staff will discuss this with you.

I withdraw consent for Holy Rosary to process the personal data described below relating to the named pupil.

| Name of person withdrawing consent | |
|--|------------------|
| Name of pupil that this withdrawal concerns | |
| A description of the personal data that this withdrawal concerns and for which consent was previously granted | |
| I confirm that I am the parent or carer of the named pupil and that I have parental responsibility for the pupil | Signed: Date: |

| For office use only: | |
|--|--|
| Date received | |
| Name of staff member receiving withdrawal form | |
| Record of actions taken | |
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