

LUTTERWORTH HIGH SCHOOL



**CONSENT WITHDRAWAL FORM – ON
BEHALF OF STUDENT**

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 student, parent, staff member, volunteer or other person.

Where two parents share parental responsibility, or where PR is shared and the student 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 student'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 student

I, , withdraw consent in respect of
..... (Student Name) for Lutterworth High School to process
my personal data. I withdraw consent to process their personal data for the purpose of
..... , which was previously granted.

I confirm that I am (Parent/Carer) and that I have
parental responsibility for the student.

Signed:

Date:

Received by school

School staff member:

Dated:

Actions: