

Headteacher: Mr Andy Kelly

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Withdrawal of consent:

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 on 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 if 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 the case a senior member of school staff will discuss this with you.

withdrawai of conse	ent on benan of a pupil		
I,	, withdraw consent in respect of		(Pupil Name), for
Parkside Community	School to process their persona	ıl data.	
I withdraw consent to	process their personal data for	the purpose of	
		which was pre	viously granted.
I confirm that I am		(Parent/Carer) and tha	at I have parental
responsibility for the p	oupil.		
Signed:			
Date:			
Received by school st	taff member:		
Dated:			
Actions:			





