



DATA SUBJECT CONSENT (FORM)

First name(s)	
Surname	

I confirm that I am hereby consenting that Shilbottle Primary can process my personal data for legitimate purposes.

I confirm that I am aware that I can withdraw my consent at any time by using the 'DATA SUBJECT CONSENT WITHDRAWAL' form found on the school website or provided by the school office.

Name

Signature:

Date:

PARENTAL CONSENT (FORM)

Child name	
Parent or legal guardian name	

I confirm that the above child is below the age of 16 years old and I am consenting on their behalf that Shilbottle Primary can process personal data relating to the child for legitimate purposes.

I confirm that I am aware that I can withdraw my consent at any time by using the 'PARENTAL CONSENT WITHDRAWAL' form found on the school website or provided by the school office.

Name

Signature:

Date: