

Data Amendment Request Form

| Child's Details | |
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| Child's Name | |
| Child's Date of Birth | |
| Child's Current Address | |
| Child's Current Class | |
| Person Requesting Data Amendment | |
| Your Name | |
| Your Relationship To the Child | |
| Your Address | |
| Your Telephone Number | |
| Do You Have Parental Responsibility? | |
| Your Request | |
| What Data / Which Records Do You Wish To Have Amended? | |
| What Amendment Do You Want? Do You Want It Updating, Amending Or Deleting? | |
| Why Do You Want These Changes Undertaking? | |

Please sign this request.....

Signed :

Date :

Once completed, please hand this form into the school office who will ensure that it is forwarded to the right person (the school's Data Protection officer). You will be issued with a receipt for it. We are required to respond to your request within one calendar month of this request being received.

NB : Should your request be accepted, we would not normally make a charge. However, we reserve the legal right to do so if your request is vexatious, excessive or unfounded.