

DATA AMENDMENT REQUEST FORM



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.