**Data Amendment Request Form**

|  |
| --- |
| **Child’s Details** |
| **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 (if different to above)** |  |
| **Your telephone number** |  |
| **Do you have parental responsibility ?** |  |
| Your Request |
| **Which records do you wish to have amended ?** |  |
| **What would like to amend?** |  |
| **Why do you wish to make this amendment?** |  |

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 school’s Data Protection Officer. We are required to respond to your request within one calendar month of this request being received.