

## Parental Data Amendment Request Form

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

Please sign this request

**Signed :**

**Date :**

Once completed, please hand this form into the school office. Your request will be actioned or responded to within one calendar month of this request being received.