



**Bishop Challoner
Catholic College**

Confidential

**Photograph/Image –
Online and Print**

Data Protection – Consent Withdrawal Form

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|----------------------------|--|-----------------------|---|---|---|---|---|---|---|---|
| Student First Name: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y |
| Student Surname: | | Form: | | | | | | | | |

Photograph/Image - Online and Print – Parent Consent Withdrawal

I, as the Parent/Carer of
hereby wish to withdraw my consent to Bishop Challoner Catholic College, for the purpose of taking photographs and video footage of my child for use in school publications, as publicity/marketing material, on social media platforms, and in funding applications.

Parent/Carer Name:

Signed: (Parent/Carer) Date:

PLEASE RETURN THIS FORM TO:

For the attention of the Pastoral Office
Bishop Challoner Catholic College
Institute Road
Kings Heath
Birmingham
B14 7EG