**St Mary’s Catholic High School, Leyland**

**Royal Avenue, Leyland, PR25 1BS**

**Telephone: 01772 421909 Email:** [**head@lsmchs.com**](mailto:head@lsmchs.com) **www.lsmchs.com**

Parental Consent Withdrawal Form

|  |  |
| --- | --- |
| Child’s Name |  |
| Parent/Carer Name |  |

I confirm that I would like to withdraw my consent to process the personal data relating to the above child from third party processors which was previously granted.

I expect processing will be stopped as soon as possible, however there may be a short delay while the withdrawal is processed by all parties.

I understand that a school has a need to lawfulness processing of data which this withdrawal does not affect.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

Please return to the school in a sealed envelope addressed to the Data Protection Officer.