**Michael Syddall C of E (VA) Primary School**

**Data Consent Form**

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| **Your Consent Preferences** *This form has been written to give you choice and control over how our school uses some of your personal data.* *You may withdraw these consent preferences at any time. Further information about how to do this can be found below.* |
| **Non-Essential Communications** In some cases the school will want to contact you to tell you about school events, news, and general updates. Please state if you would like to receive these communications.If yes please indicate which of the following ways you are happy for us to communicate with you.  | **YES** | **NO** |
| **ALL** | **TEXT MSG** | **EMAIL** | **HARD COPY** | **SOCIAL MEDIA** |
| **Photographs and Videos***Please note photographs taken for ID purposes are* ***NOT*** *processed based on consent (i.e non optional).*  |

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| 1. **Photographs and Images**:  | **Please delete as applicable** |
| ***A***. I consent to my child appearing in photographs being used in printed information, displays, school exhibitions and promotional literature. I understand that this image will **NOT** be used for anything that may cause offence, embarrassment or distress for the child or their parent or guardian: for example, drug/alcohol abuse, child abuse, etc. | **Yes/No***(If yes, please tick whichever of the following three statements apply)* |
| * I give permission for the headteacher to use discretion in the use of photographs that identify my child by name, **or**
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| * I require the school to obtain my permission before using photographs that identify my child by name, **or**
 |  |
| * I do not want the school to use any photographs that identify my child by name.
 |  |
| ***B***. I consent to my child appearing in images being used on the school's web site on the basis that such images will not identify my child by name. | **Yes/No** |
| 2. **Videos**:I understand that from time to time the school will allow some activities to be videoed and will inform parents of this beforehand. In such circumstances I consent to my child participating in those school activities. | **Yes/No** |

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| Parent/Guardian Name: | Parent’s Signature: |
| Pupil Name: |  |
| Date: |  |

**To withdraw or change your consent preferences please contact:**

The Data Controller, Michael Syddall CE Primary School, Mowbray Road, Catterick Village, Richmond DL10 7LB

Tel: 01748 818485 e-mail: admin@michael-syddall.n-yorks.sch.uk

To find out more about how our school uses your personal data please see our privacy notice which can be found on our website.