



Consent Form

As part of our General Data Protection Regulation (GDPR) compliance process, Chigwell Row Infant School has reviewed all the personal data that we collect as a data controller. We have identified the relevant legal basis' and in the circumstances below, we require your consent to process your personal data.

We are required by GDPR to use clear, plain language that is easy to understand. Therefore, if you require anything within this form explained, please make contact with us before completing it.

Periodically, we would like to contact you for the following reasons below. You are not obliged to agree to any of the below and if you refuse to consent, it will not be to your detriment.

You are able to withdraw consent at any time. You will not be penalised for withdrawing consent. If you wish to do so, please contact us on:

Email: admin@chigwellrow.essex.sch.uk

Phone: 0208500 3355

Post: Chigwell Row Infant School, Lambourne Road, Chigwell, Essex, IG7 6EZ

Your completed consent form will be kept as a record of your decisions and from time to time we will contact you again on this.

In relation to your personal data that you provide, we will only use it for the reasons below that you agree to. It will not be shared with any third parties.

We will regularly review consent to check that the relationship, the processing and the purposes have not changed.

In relation to the below please state "YES" if you consent and "NO" if you do not. All boxes left blank will by default be treated as if you do not consent.

Reason for contact	Contact by Email. Please state: YES or NO	Contact by Telephone Call. Please state: YES or NO	Contact by Text Message. Please state: YES or NO	Contact by Post. Please state: YES or NO
Contact me in relation to fund raising events				
Contact me in relation to extracurricular events for my child				
Contact me to remind me of events and deadlines in school				



We also need your consent for the following in relation to your child. Again, please state "YES" if you consent and "NO" if you do not. All boxes left blank will by default be treated as if you do not consent.

Reason	Consent. Please state YES or NO
Photograph my child for school trips	
Photograph my child for the newsletter	
Photograph my child for the website	

In order to fulfil the above please provide us with your full name.

Full Name

Contact phone number (if consented to be contacted by telephone call or text message)

Email address (if consented to be contacted by email)

Home address (if consented to be contacted by post)

Signed

Name Printed

Guardian position to the child

Date of signature
