**Subject Access Request Form**

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| **Child’s Details** | |
| **Child’s name** |  |
| **Child’s date of birth** |  |
| **Child’s current address** |  |
| **Child’s current class** |  |
| **Person Requesting Data Review** | |
| **Your name** |  |
| **Your relationship to the child** |  |
| **Your address** |  |
| **Your telephone number** |  |
| **Do you have parental responsibility?** |  |
| Your Request | |
| **What data/which records to you wish to view?** |  |
| **Why do you wish to view them?** |  |
| **What do you expect to find in these records?** |  |

**Signed : …………………………………………………………………………. Date : ………………………………………………..**

Once completed, please hand this form into the school office who will ensure that it is forwarded to the right person (the school’s Data Protection officer). We are required to respond to your request within one calendar month of this request being received.