St. Wilfrid's Catholic High School and Sixth Form College, a Voluntary Academy
Cutsyke Road, Featherstone, West Yorkshire, WF7 6BD
Telephone: 01977 691000 **Email:** email@st-wilfrids.bkcat.co.uk
Website: www.st-wilfrids.bkcat.co.uk

General Data Protection Regulation (GDPR)

Parental Consent Form for Using Student's Personal Data - Years 8-11

Name of student:

At St Wilfrid's Catholic High School and Sixth Form College, a Voluntary Academy we collect student's personal data. We use this for many educational purposes set out below. Please review and give consent as appropriate by inserting ✓ to give consent and opt-in and **X** if you do not wish to give consent and want to opt-out.

All options below are in accordance with third party terms and conditions. All information provided on this form will be dealt with in the strictest confidence and recorded onto the school's management system (SIMS).

I ALLOW THE SCHOOL TO:	**✓/ X**
TAKE PICTURES OR VIDEOS OF MY CHILD NAMED ABOVE FOR USE IN SCHOOL	
TAKE PICTURES OR VIDEOS OF MY CHILD NAMED ABOVE FOR USE ON THE SCHOOL WEBSITE AND OR SCHOOL SOCIAL MEDIA	
TAKE PICTURES OR VIDEOS OF MY CHILD NAMED ABOVE FOR USE IN SCHOOL PUBLICATIONS *i.e. NEWSLETTER/PROSPECTUS*	
PUBLISH ANY WORK IN NEWSLETTERS OR ON THE SCHOOL WEBSITE BELONGING TO MY CHILD NAMED ABOVE	
USE PHOTOS OF MY CHILD NAMED ABOVE ON INTERNAL DISPLAYS	
TAKE AND PROCESS BIOMETRIC DATA FROM THE FINGER OF MY CHILD NAMED ABOVE FOR THE PURCHASE OF MEALS	
PASS ON DESTINATION INFORMATION OF MY CHILD NAMED ABOVE TO CAREERS AND GOVERNMENT ORGANISATIONS	
SHARE NAMES AND ADDRESSES INCLUDING MEDICAL INFORMATION OF MY CHILD NAMED ABOVE TO SCHOOL TRIP PROVIDERS	
PASS ON INFORMATION OF MY CHILD NAMED ABOVE TO OTHER EDUCATIONAL PROVIDERS FOR TRANSITION TO COLLEGES AND UNIVERSITIES	
PASS DATA OF MY CHILD NAMED ABOVE BETWEEN DEPARTMENTS FOR SPECIAL EDUCATIONAL NEEDS OR INDIVIDUAL REQUIREMENTS	
SUPPLY REFERENCES REGARDING MY CHILD NAMED ABOVE TO FURTHER EDUCATION PROVIDERS OR POTENTIAL EMPLOYERS INCLUDING EXAMS RESULTS AND ATTENDANCE DATA	
SHARE INFORMATION OR DATA OF MY CHILD NAMED ABOVE WITH TRUSTED THIRD PARTY COMPANIES SUCH AS EXAM BOARDS, PARENT PAY OR THE LOCAL AUTHORITY	
SHARE INFORMATION AND PERSONAL DETAILS OF MY CHILD NAMED ABOVE WITH PUBLIC SERVICES SUCH AS AMBULANCE, HOSPITAL, SCHOOL NURSE AND POLICE	

I AM HAPPY TO BE CONTACTED FROM TIME TO TIME REGARDING FUNDRAISING EVENTS OR DIRECT MARKETING	
PLEASE TICK THIS SECTION TO AGREE THAT YOU WILL INFORM SCHOOL OF ANY PERSONAL DATA CHANGES I.E ADDRESS, EMAIL, PARENTAL RESPONSIBILTY ETC	

Signature: ……Parent/Carer Date: ……

If you change your mind at any time you can let us know by completing a new consent form and forwarding it to us by post or e-mail. To download a form go to www.st-wilfrids.bkcat.co.uk

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