



SAR request form

Data Subject (person who information is about)

Title	
Name	
Date of Birth	
Year group (if child or young person)	

Person making the request

Name	
Date of Birth	
Address	
Email Address	
Contact phone no	
Identification Evidence Provided (if required) Passport, Driving licence Two forms of utility bill within last 3 months <u>or</u> Bank statement of last three months <u>or</u> Council Tax bill	

Status of person making request

Parent or person with Parental Responsibility	
Are you acting on their written authority (please provide a copy of the consent)	
If not the parent or with PR, what is your role?	

Details of Data Requested

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Declaration

I,, hereby request that the Children's Hospital School provide the data requested about me.

Signature:

Dated:

I,, hereby request that the Children's Hospital School provide the data requested about
.....(insert child's name) on the basis of the authority that I have provided.

Signature: Dated:

Please email this completed form to wbadmin@childrenshospitalschool.leicester.sch.uk



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