

Appendix 3 – Withdrawal Consent Form on behalf of a pupil

Please complete and deliver this form to the academy office with your signature.

I, (parent/carer name) withdraw consent in respect of
 (pupil name) for (school name) to

Tick all that apply.

<input type="checkbox"/>	I withdraw permission for my child's photographs to be used on internal displays within the Trust and school
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for my child's photographs to be used in external printed publications (including but not limited to newspaper/magazine articles and adverts, posters and banners)
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for my child's photographs to be used online
<input type="checkbox"/>	I withdraw permission for my child's videos to be used online . (including but not limited to the Trust and school websites, newsletters and online Learning Diary)
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for my child's photographs to be used on our official social media sites
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for my child's videos to be used on our official social media sites (including but not limited to Facebook, Twitter, Instagram and LinkedIn)
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for my child's photographs to be used once my child has left the school
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for my child's videos to be used once my child has left the school
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for a professional photographer to take photographs and release to my family for sale. The photographer would have possession of the photos on their equipment, not school equipment.
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw consent for my child to be photographed for group photos, that may be sent out and then brought by other families who have children in the photo.
<input type="checkbox"/>	
<input type="checkbox"/>	I withdraw permission for my mobile telephone number and email address to be used for contact and reminders from the school and to keep me informed of events on behalf of the school and PTFA

I confirm that I have parental responsibility for the pupil.

Signed:

Dated:

Received by school.

Name academy staff member:

Dated:

Actions: