



Cromford C of E Primary School  
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Headteacher: Mrs Elizabeth Foster, BA (Hons) QTS,  
NPQH

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Dear Parent/Carer

Following new Government regulations (called GDPR) about how we keep information, it is a legal requirement for all schools to seek consent from all our parents/carers about the information we hold about your child.

Please read the following statements carefully on the form overleaf, and tick to show that you **DO** consent to them being held by Cromford Church of England Primary School. If you **DO NOT** wish to give consent, please leave the box blank. If you would like to discuss this before giving consent, please come to the school office to make an appointment.

Our privacy notice which details our responsibilities regarding data protection is available on our school website- [www.cromfordcofeschool.com](http://www.cromfordcofeschool.com) . Paper copies can be requested from the school office.

Thank you.

Yours sincerely

Mrs L Foster  
Headteacher

Enc

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**CHILD NAME:** \_\_\_\_\_

☐ I give consent for my child's name and first initial of surname to be displayed around the school eg on display boards.

☐ I give consent for Cromford Church of England Primary School to use photographs/videos of my child within school: for example;

☐ School displays

☐ Work in class books and learning journeys.

☐ I give consent for Cromford Church of England Primary School to use photographs of my child for publication outside of school. Children in photographs will not be identified by name. If a child's name is mentioned only the first name will be used and no other personal details, except the name of the school, will be given. For example;

☐ School website

☐ School Newsletter

☐ The Press

☐ I give consent for my child to be photographed for a class or individual photograph which would be sent home for purchase.

☐ I give consent for relevant details eg child's name to be used on web based educational software and apps including tracking pupil progress.

☐ I give consent for relevant details to be used on the Teacher2Parents text service.

☐ I give consent for school to use my information to contact me about events and relevant activities.

**For children with medical conditions/care plans:**

☐ I give consent for my child's name (forename and first initial of surname) to be displayed in suitable locations around school to identify if they have a particular medical requirement so as to allow staff to identify them quickly in the event of any health issue. For example; allergies/intolerances.

☐ I give consent for my child's photograph to be displayed in suitable protected locations around school to identify if they have a particular medical requirement so as to allow staff to identify them quickly in the event of any health issue. For example; allergies/intolerances.

This consent form will cover your child's entire time at Cromford Church of England Primary School. Should you wish to make any changes to your given authorisations, please contact the School Office immediately to obtain and update this form.

Signed: ..... Date: .....

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