



Withdrawal of Permissions/Consents

Name of Student: _____

Date: _____

I withdraw permission for my child to be seen by the following children's services professionals

- Transitions Pathway Advisor
- School Nursing Team
- Occupational Health
- Speech & Language
- Educational Psychologist
- Health Representatives

I withdraw permission for my child's needs to be discussed with

- Health service
- Connexions
- Special Educational needs and Psychology Service

I withdraw permission for my child to attend other educational provisions such as:

- Everyone Active Gym
- Rallysport Engineering Academy

I withdraw consent for photographs/videos to be taken of my child to be used for:

- School and College website
- Identification on the School and College database
- Social media (Facebook)
- Newspaper coverage
- Examination boards Edexcel Gateway NCFE
- Work placements
- School and College online learning platforms

PLEASE TICK TO INDICATE WHICH ONES YOU WOULD LIKE TO WITHDRAW PERMISSION FOR

I withdraw permission for my child to leave the college premises at lunchtime.

I withdraw consent for the college to hold my child's mobile telephone number on file, in case of emergency.

Student mobile telephone number to be removed _____

Any comments we need to be aware of regarding the above?

Signature _____

Date _____