

GWAUNFARREN PRIMARY SCHOOL SUBJECT ACCESS REQUEST

Name: _	Child's Name:
School:	
Please	outline below the information you would like access to regarding your child.
0 0 0	Personal Information (i.e. Contact information held in SIMS) Assessment Information ALN Information Other (Please state below)
signing information	like to have access to the information regarding my child, as outlined above. By this request I am giving permission for the school to access and process my child's tion in order to share this with me. I am aware of the process that will follow the sion of this subject access request. *
Signed:	
Relation	nship to Child:
Date: _	
Reques	t Date (<i>For office use only</i>):

*N.B. Once the school has received your 'Subject Access Request' you will receive a text to confirm the request has been received. This will be sent to the primary contact for the child listed above. The school will arrange a time for you to come to view the information requested. In order for us to ensure that information is only shared with those who have legal responsibility for the child, you will be required to bring the following ID with you before we can grant you access to the information;

- o Birth Certificate for the Child
- Verified Photo ID e.g. Passport, Drivers Licence.
- o Letter with Current Address e.g. bank statement, utilities bill
- Any legal documentation to identify Parental Responsibility (e.g. where there is a Court order in place)