A close up of a logo

Description automatically generated

A drawing of a face

Description automatically generated

Dear Parent/Guardian,

To ensure our records here at Doncaster Children’s University are correct and fully compliant with General Data Protection Regulation (GDPR), we must ask you to kindly fill out this form and return it to us.

Please fill in all sections of this form.

To ensure compliance with the General Data Protection Regulation (GDPR), upon completion this form will be password protected and stored digitally in a file which can be accessed by the Doncaster Children’s University team **only**.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Child’s school year: \_\_\_\_

Child’s gender:

Does your child: (Please delete as appropriate)

Receive Pupil Premium: Yes/No Receive Free School Meals: Yes/No

Have Special Educational Needs and/or a Disability: Yes/No

Is your child Home Schooled? Yes/No

If not, please state your child’s school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this child under the care of the Local Authority? Yes/No

Why are we asking for this information?

We are required to report on the number of children taking part in Children’s University for whom any of the above applies to the Department for Education. This information can also be used to secure potential funding to support Children’s University activities which may benefit your child. Doncaster Children’s University will never use your child’s name in any reports/funding applications, instead a number will be used to represent them. If you would like to withdraw your child’s information at any time, please email the contact supplied above.

Your address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign below:

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_*\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_