



HOLY TRINITY
Church of England Academy
Brockley Avenue, South Shields, Tyne and Wear NE34 0TS

DATA SHARING CONSENT FORM

Personal Data

We hold personal data such as names, addresses for emergency contact purposes as well as other information to facilitate the processing of particular funding for your child.

Please tick the relevant box(es) below, sign and return this form to school.

Use of personal data	Tick (√)
I am happy for the school to hold personal data for the purpose of contacting in the event that my child becomes ill whilst at school.	
I am happy for the school to hold personal data for the purpose of facilitating the processing of 30 hours Nursery Places.	
I am happy for the school to hold personal data for the purpose of facilitating the processing of Free School Meal Applications.	
I am happy for the school to share personal data such as my child's name for use with online educational resources (e.g., Purple Mash, Class Dojo)	
I am NOT happy for the school to use my personal data for any of the above purposes.	

Pupil Name: _____

Parent/Carer Signature: _____

Date: _____

Headteacher: Mrs T.L .Murphy B.A. (Hons) NPQH
Telephone: 0191 4562413 Fax: 0191 4547478
e-mail address : info@holytrinityceacademy.co.uk
website: www.holytrinityceacademy.co.uk



Educational Visit Permission

Please note the following information before signing this form

The trips and activities covered by this consent include:

- Visits which take place during school time, between 8.55am and 3.15pm
- Visits to the local Church
- Visits and/or walks around the local area
- Weekly swimming lessons
- Organised sporting events

We would always inform parents or any trip or educational visit and separate permission will be collected for any trip where:

- There is an early start or delay in returning to school
- Whole class trips
- Residential trips

Please tick the relevant box(es) below, sign and return this form to school.

Educational Visit Permission	Tick (√)
I give permission for my child to take part in educational visits with Holy Trinity Church of England Academy staff.	
I give permission for staff of Holy Trinity Academy to administer first or arrange for urgent medical treatment during any school trip or activity	
I am NOT happy to give permission for the Educational Visits.	

Pupil Name: _____

Parent/Carer Signature: _____

Date: _____

Headteacher: Mrs T.L. Murphy B.A. (Hons) NPQH

Telephone: 0191 4562413 Fax: 0191 4547478

e-mail address : info@holytrinityceacademy.co.uk

website: www.holytrinityceacademy.co.uk



Photos and videos

We sometimes take photographs of pupils. We use these photos to help us to give people an idea of what life at our school is like, for example in the newsletter and on the school website.

Please tick the relevant box(es) below, sign and return this form to school.

Use of photos	Tick (√)
I am happy for the school to take photos of my child.	
I am happy for photos of my child to be used on the school website.	
I am happy for photos of my child to be used in the school newsletter.	
I am happy for photos of my child to be used in printed school materials, for example, the school prospectus.	
I am happy for photos of my child to be used in internal displays.	
I am happy for photos of my child to be used in the media, for example local newspapers.	
I am happy for photos of my child to be used on social media, for example Twitter.	
I am happy for the school to take videos of my child.	
I am happy for the school to use videos of my child for promotional purposes, such as on the school website.	
I am NOT happy for the school to take or use photos of my child.	

Pupil Name: _____

Parent/Carer Signature: _____

Date: _____

Headteacher: Mrs T.L. Murphy B.A. (Hons) NPQH
Telephone: 0191 4562413 Fax: 0191 4547478
e-mail address : info@holyltrinityceacademy.co.uk
website: www.holytrinityceacademy.co.uk



Medical information

We'd like your consent for some of the ways we store and share medical information about your child.

We'd like to:

- Share information about your child with health professionals coming in to school, for example to do vaccinations and eye tests
- Take information such as height and weight for public health monitoring initiatives
- For transition purposes (children moving schools)

This makes it easier for us all to keep your child safe and healthy.

Please tick the relevant box(es) below, sign and return this form to school.

Medical Information	Tick (✓)
I am happy for the school to share information such as my child's height and weight with the NHS.	
I am happy for the school to share information such as my child's height and weight with the local authority.	
I am happy for the school to share information about my child (e.g., name, known medical conditions) with health professionals doing vaccinations.	
I am happy for the school to share information about my child (e.g., name, known medical conditions) with health professionals doing vision checks.	
I am happy for the school to share information about my child (e.g., name, known medical conditions) with educational psychologists.	
I am happy for the school to share information about my child (e.g., name, known medical conditions) for the purpose of transitioning to another school	
I am happy for the school to share information about my child (e.g., name, known medical conditions) for the purpose of residential school trips	
I am NOT happy for the school to use and share medical information in these ways.	

Pupil Name: _____

Parent/Carer Signature: _____

Date: _____

Headteacher: Mrs T.L. Murphy B.A. (Hons) NPQH

Telephone: 0191 4562413 Fax: 0191 4547478

e-mail address : info@holyltrinityceacademy.co.uk

website: www.holytrinityceacademy.co.uk



Special Educational Needs/Looked After Children Information

We'd like your consent for some of the ways we store and share Special Education Needs/Looked After Children information about your child.

Please note: Special Educational Needs can also cover areas that your child is gifted at.

We'd like to:

- Share information about your child with appropriate professionals coming in to school, for example to do health checks, Education Phycologist.
- Share information about your child for transition purposes (children moving schools)

This makes it easier for us to monitor your child's development more closely and provide any additional support to meet your child's specific needs.

Please tick the relevant box(es) below, sign and return this form to school.

Special Educational Needs/Looked After Information	Tick (✓)
I am happy for my child to be registered on the school's Special Educational Needs register.	
I am happy for the school to share information regarding my child's Special Educational Needs with other schools for the purpose of transition.	
I am happy for the school to share information regarding my child's Special Educational Needs with appropriate professional staff. (e.g., SEND Panel, NHS staff)	
I am happy for the school to hold information relating to the fact that my child is Looked After or Post Looked After	
I am NOT happy for the school to use my child's Special Educational Needs Information in these ways.	
I am NOT happy for the school to hold my child's Looked After/Post Looked After Information in these ways.	

Pupil Name: _____

Parent/Carer Signature: _____

Date: _____

Headteacher: Mrs T.L .Murphy B.A. (Hons) NPQH

Telephone: 0191 4562413 Fax: 0191 4547478

e-mail address : info@holyltrinityceacademy.co.uk

website: www.holytrinityceacademy.co.uk

