*Halton Virtual School Consent Form*



**Family details**

|  |  |  |
| --- | --- | --- |
| **Parent / Carer / Guardian name** |  | |
| **Address** |  | |
|  |  | |
|  |  | |
| **Postcode** |  |  |
| **Telephone** |  | |

Halton Virtual School can only act on behalf of a previously looked after child with the express consent of the parent / carer / guardian or adopter. As such, legal consent needs to be given directly from said individual.

## How will my information be used?

The information that you provide about you and your family will be used in conjunction with any request for educational assistance.

As a result, this means that it will be necessary for the [*area*] Partnership to share information about you and your family with other agencies such as schools etc.

Information that you provide to us will be recorded and stored securely. We understand that some information may be sensitive and we will keep always bear this in mind. Every endeavour will be made to retain confidentiality.

**Consent**

I have read the information above and have had an opportunity to ask questions about the Virtual School and how my information will be used. I understand the purpose of my request and wish the Virtual School to become involved in this matter.

I know that my participation is voluntary and I can also choose to withdraw my consent for the Virtual School to be involved at any point.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_