

**Application to receive notification of which school my**

**child(ren) attends**

**YOU DO NOT HAVE TO USE THIS FORM. You can send the requested information to** transparencyteam@essex.gov.uk

**Part 1 –Requester Information -** Please complete in **BLOCK CAPITALS**

Full Name ………………………………….. Relationship to child(ren) ……….………………

Address ………………………………………………………………………………………………….

Daytime Telephone Number …………………..… Email Address …….……………….…...........

To prove my identity I provide a copy of the following with my application:

[ ]  Passport [ ]  Driving Licence [ ]  Birth Certificate [ ]  Other

‘Other’ please state ………………………………………………………………………………………..

**Part 2 – Child(ren) Information Requested**

[ ]  I am the child’s parent and I enclose proof of parental responsibility

A copy of your child’s/children’s [FULL](https://www.gov.uk/register-birth/birth-certificates#:~:text=There%20are%202%20types%20of,also%20contains%20the%20parents%27%20details) birth certificate allows us to confirm your legal entitlement to their information, if you need to order a copy, please go [here](https://www.gov.uk/order-copy-birth-death-marriage-certificate)

[ ]  The child is over the age of 12 and I enclose consent to share from the child

[ ]  The child is over 12 but lacks capacity to consent, please explain why below:

Child 1

Surname ………………………………... First Names …………………………………………..

Previous or other names ………………………………..Date of birth ……………………………

Child 2

Surname ………………………………...First Names ……………………………………………

Previous or other names ………………………………..Date of birth ……………………………

Child 3

Surname ………………………………... First Names ……………………………………………

Previous or other names ………………………………..Date of birth …………………………….

**Part 4 – Details of the Parent/Guardian the Child(ren) live with**

Full Name ………………………………….. ………………………………………………………….

Address ………………………………………………………………………………………………….

Daytime Telephone Number …………………..… Email Address …….……………….…...........

**WE WILL CONTACT THE PARENT THE CHILD(REN) LIVES WITH AND WHO MADE THE ADMISSIONS APPLICATION. WE HAVE A DUTY OF CARE TO VERIFY IF THERE ARE ANY SAFEGUARDING CONCERNS REGARDING THE DISCLOSURE OF THIS INFORMATION TO YOU (e.g. COURT ORDERS).**

**Part 5 – Disclosure of Information**

We disclose information electronically unless specified otherwise. If you have a disability which prevents you from accessing information electronically please explain below .

**Part 6 – Declaration**

I understand that in order to process my request you will contact the parent the child(ren) live with.

I certify the information provided on this form is true. I agree to supply information required to confirm my identity and parental rights.

Name ……………………………….. Signature …………………………….. Date ……..........

***Warning - it is illegal to get or attempt to get personal data you are not entitled to. If this is the case you may face prosecution.***

**Email this completed form to**: Transparencyteam@essex.gov.uk with your ID documents.

Alternatively you can post to: Transparency Team, Essex County Council, PO Box 11, County Hall. Chelmsford CM1 1QH.

Data Protection Notice – We will only use this form to handle your request and not keep it longer than is necessary to do so. Full information on how we use personal data can be found at [Privacy and data protection - Essex County Council](https://www.essex.gov.uk/topic/privacy-and-data-protection)