



## Adding information from administrative education records - children (4-15 yrs)

Please read this form and sign below if you give your permission for us to add information from education records to your child(ren)'s survey responses. You can withdraw your permission at any time in the future.

**I have received a leaflet explaining what education data may be added to the survey and how it would be used. I have had the opportunity to ask questions.**

### EDUCATION DATA (children aged 4-15 only)

I authorise the English Department for Children, Schools and Families, the Welsh Department for Children, Education, Lifelong Learning, and Skills, the Scottish Government Education Directorate, or the Department of Education / Education and Skills Authority in Northern Ireland to disclose to the organisation responsible for this survey information from my child's educational records.

**Please place a tick in the boxes to indicate that you give permission** ☒

	First Name	Last Name	P.No	D.O.B dd / mm / yyyy	YES	NO
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you give permission for us to collect any of this information please sign below.** Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign

Date

Print name

**Thank-you!**

Point.No	Address	HH.No	P.No	ChkL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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