



BIOMETRIC CASHLESS CATERING SYSTEM
CONSENT FORM

Name of student:.....

Form:.....

Please delete as appropriate:

- I give permission for my child to be registered on the school's biometric cashless catering system.
- I do not give permission for my child to be registered on the school's biometric cashless catering system and understand that they will be issued with a 4 digit PIN code which they are responsible for keeping secure.

I have read the guidance provided and understand that I can withdraw this consent at any time in writing to the school.

Name of Parent:

Signature:

Date:

Please return this form to Matron

Internal use:

Date entered onto SIMS: