

CASHLESS CATERING – USE OF BIOMETRIC INFORMATION CONSENT FORM

CWMBRAN HIGH SCHOOL

Please complete, sign and date the form below to indicate whether you give consent for the school to register your child for the biometric Cashless Catering System. If you wish to amend your consent at a future date, you should confirm this in writing to the school.

	<i>Please tick as applicable</i>
I/We confirm consent for my/our child to be registered on the school's biometric Cashless Catering System. The biometric information will be used for this purpose until my child leaves school or ceases to use the system.	<input type="checkbox"/>
I/We do not wish our child to be registered on the school's biometric Cashless Catering System and request that an alternative method of identification is provided.	<input type="checkbox"/>

Child's Name	Form Name/No	Relationship to Child

Name of Parent: (block capitals)

Signature:

Date: