

To: All Saints' Catholic High School

I/We confirm that we wish our child / children TO BE/NOT TO BE (please delete where applicable) registered on the school's Biometric Cashless Catering System with immediate effect.

Details of how the system complies with Data Protection regulations is contained in the Parent's Information Pack which has been provided. Copies can be accessed from the school office or on the school website.

I understand that I/we may withdraw my child's registration at any time in writing to the school office.

Child's Name	Form Name/Number	Relationship to Child
Name of Parent and/or Guardian	Signature	Date