

**CONSENT FORM FOR USE OF BIOMETRIC INFORMATION**

Please complete this form if you consent to All Saints' Roman Catholic High School ("the School") taking and using information from your child's fingerprint by the School as part of an automated biometric recognition system. This biometric information will be used by the School for the purpose of Biometric Cashless Catering System.

In signing this form, you are authorising the School to use your child's biometric information for this purpose until he/she either leaves the School or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the School at the following address: [office@allsaintshigh.lancs.sch.uk](mailto:office@allsaintshigh.lancs.sch.uk)

Once your child ceases to use the biometric recognition system, his/her biometric information will be securely deleted by the School.

---

Having read guidance provided to me by All Saints' Roman Catholic High School ("the School"), I give consent to information from the fingerprint of my child:

Child's Name \_\_\_\_\_ Form \_\_\_\_\_

being taken and used by the School for use as part of an automated biometric recognition system for the Biometric Cashless Catering System.

**I understand that I can withdraw this consent at any time in writing.**

Name of Parent:.....

Signature: .....

Date: .....

*Please return this completed form to the School General Office*