

**To:   The Fallibroome Academy**

**Re:   Biometric Cashless Catering System**

\*I confirm that I authorise my child /children\* (detailed below) to be registered on the school’s Biometric Cashless Catering System

\*I wish my child/my child wishes\* to ‘opt out’ of the school’s Biometric Cashless Catering System

\*I understand that I/my child/children\* may withdraw their registration at any time by informing the school in writing.

\*delete as applicable

Child’s Name	Form Name

Signed.....

Print Name.....

Relationship to child.....

Date.....

We require this form to be returned to school by Wednesday 15<sup>th</sup> May 2013 as we will begin registering fingerprint data from Thursday 16 May 2013.