

## PARENTAL CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION

In July 2017 a biometric cashless catering system will be installed at Islwyn High School. This system will allow parents / carers to pay online in July 2017.

If you would like to register for your child to use the biometric (finger print recognition) facility of the system please FULLY complete the information requested below and return to the school by 24<sup>th</sup> May 2017.

We would like to make it clear that the school will comply at all times with the Data Protection Act and with the Protection of Freedoms Act 2012 regarding the use of biometric data. Once your child ceases to use the biometric system, his/her biometric information will be securely and permanently deleted.

Please read, sign and return the form below if you consent to your child using biometric systems within school, until he/she leaves the school.

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I give consent for the use of biometric recognition for my child to be used as part of a cashless catering system. I understand that I can withdraw this consent at any time in writing.

## Please ensure that this form is fully completed.

Child's Name:	
Child's Form: .	
Date of Birth: .	
Name of Paren	t/Carer:
Signature:	
Date:	

Please note unless we receive a signed consent form, we will be unable to register your child for the biometric system.

Please return this form to the school by Wednesday 24 May 2017.