

CONSENT FOR BIOMETRIC CASHLESS SCHOOL MEAL SERVICE

PLEASE COMPLETE THIS AND RETURN IT TO SCHOOL WITH YOUR CHILD ON MONDAY MORNING

PUPIL'S FORENAME			
PUPIL'S SURNAME			
YEAR		TUTOR GROUP	
NAME OF PARENT / CARER			
SIGNED			

Do you give consent for the named child to be included in the schools' biometric registration process? *Please tick:*

YES		NO	
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If yes, what would be the individual daily maximum spend for this child?	£
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