

## **CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION AT OAKFIELD ACADEMY**

**Childs Name:** \_\_\_\_\_ **Tutor Group:** \_\_\_\_\_

I give consent to the academy for the biometrics of my child to be used by Oakfield Academy for use as part of a recognition system.

I have read the Biometric Information Sheet and I understand I can withdraw this consent at any time in writing.

**Name of Parent:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this form to the Academy Office by 4<sup>th</sup> July 2022**