

Biometric Catering System Consent Form

Student Name: _____

Year Group/Class: _____

Consent Statement

I have read and understood the information provided about the school's biometric catering system. I understand that:

- My child's fingerprint will be scanned and converted into a secure digital template.
- No actual fingerprint images will be stored.
- The data cannot be accessed, shared, or used for any other purpose outside the catering system.
- The system is fully integrated with **ParentPay** for account management.
- Consent can be withdrawn at any time, and alternative arrangements (such as a PIN code) will be provided.

Please tick one option:

I give consent for my child to be registered on the biometric catering system.

I do not give consent for my child to be registered. I would prefer my child to use a PIN code.

Parent/Carer Name: _____

Signature: _____

Date: _____

