



CONSENT FORM FOR THE USE OF FINGER IMAGE INFORMATION IN SCHOOL

Please complete this form to confirm your consent to your child's finger image being scanned for use with the cashless catering system.

No finger images will be stored and once your child leaves the school, all information will be securely and permanently deleted by the school.

**Please return this form to the dining hall during
Breakfast service (8.15-8.40am) or at the end of Lunch Service (1.45-2.00pm)**

I give consent to Wellsway School for the finger image of my child to be used as part of a cashless catering system as described above.

I understand that I can withdraw this consent at any time in writing.

Name of Child:

Tutor Group:

Name of Parent:

Signature:

Date:

For Office Use Only

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| Received on | Recorded by |
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