

GEORGE STEPHENSON HIGH SCHOOL

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION (Cashless Catering Only)

Please complete this form if you consent to the School taking and using your child's biometric information being used by **George Stephenson High School** as part of an automatic biometric recognition system. This biometric information will be used by **George Stephenson High School** for the purpose of school's cashless catering system only.

In signing this form, you are authorising the School to use your child's biometric information for this purpose until he/she either leaves the School or ceases to use the system. Please note that **only one** parent/carer is required to give permission for their child to use the biometric system.

If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school at the following address:

George Stephenson High School
FAO: School Business Manager
Southgate, Killingworth
Newcastle Upon Tyne
NE12 6SA

Once your child ceases to use the biometric recognition system, his/her biometric information will be securely deleted from the School.

Having read the guidance provided to me by George Stephenson High School, I give consent to information from the biometric of my child:

Child FULL Name: _____ **Tutor Group:** _____

being taken and used by George Stephenson High School for use as part of an automated biometric recognition system for cashless catering for which this data will be used.

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

Name of Parent/Carer: _____

Signature: _____

Date: _____

Please return this form to School Office/Reception.