



CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Please complete this form if you consent to The Thomas Alleyne Academy taking and using information from your child's fingerprint as part of an automated biometric recognition system. This biometric information will be used by The Thomas Alleyne Academy for the purpose of paying for food in the canteen (from October 2018) and borrowing from the Library (from January 2019). 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. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school.

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

Having read guidance provided to me by The Thomas Alleyne Academy I give consent to information from the fingerprint of my child:

Name of Child: Year Form Group

being taken and used by The Thomas Alleyne Academy for use as part of an automated biometric recognition system for purchasing school meals and accessing the school library.

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

Name of Parent:

Signature:

Date:

Please return this form to Reception.