



**CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL**

Please complete this form if you consent to Uplands Community College 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 school for the purpose of administration of the cashless catering system.

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 in writing and sent to the school at the following address:

Uplands Community College  
Lower High Street  
Wadhurst  
East Sussex  
TN5 6AZ

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

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Having read guidance provided to me by Uplands Community College, I give consent to information from the fingerprint of my child:

.....  
**(Name of child)**

Being taken and used by Uplands Community College for use as part of an automated biometric recognition system for administration of the cashless catering system.

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

**Name of Parent/Carer:** .....

**Signature:** .....

**Date:** .....

Please return this form to Uplands Community College reception.