



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

Please complete this form if you consent to the school taking and using information from your child's fingerprint by West Hatch High School as part of an automated biometric recognition system. This biometric information will be used by West Hatch High School for the purpose of purchasing food and drink from the school dining hall including the food outlets within the school grounds.

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 at the following address:

West Hatch High School, High Road, Chigwell, Essex IG7 5BT

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

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Having read guidance provided to me by West Hatch High School, I give consent to information from the fingerprint of my child:

**(Student Name)** .....

being taken and used by West Hatch High School for use as part of an automated biometric recognition system for the purpose of purchasing food and drink from the school dining hall including the food outlets within the school grounds.

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

**Name of Parent/Carer (Please Print Name):** .....

**Signature:** .....

**Date:** .....

**OR:** I do not consent to West Hatch High School holding my child's biometric information and request a PIN number.

**Name of Parent/Carer (Please Print Name):** .....

**Signature:** .....

**Date:** .....

**Please return this completed form to the Finance Office, West Hatch High School or via email at [finance@westhatch.net](mailto:finance@westhatch.net)**