



BIOMETRIC CONSENT FORM

Please return to : The Main School Office, Caistor Grammar School.

I/We confirm that I/we wish our child/children TO BE/NOT TO BE (please delete where applicable) registered on the school's Biometric Cashless Catering System with immediate effect.

I/we understand that I/we may withdraw my/our child's registration at any time in writing.

Child's Name	Form Name/Number	Relationship to Child
Name of Parent and/or Guardian	Signature	Date