

The Sir John Colfox Academy



Inspiring Learning, Achieving Excellence

Headteacher: Mr David Herbert BSc PGCE NPQH

March 2019

Dear Parents

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION

Please complete this form if you consent to the The Sir John Colfox 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 Sir John Colfox Academy for the purpose of purchasing food from the school canteen. No fingerprint image is stored and all the data is anonymised in number strings.

In signing this form, you are authorising the Sir John Colfox Academy to use your child's biometric information for this purpose until he/she either leaves 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.

Yours sincerely

Mike Hoffmann
Acting Headteacher



PLEASE RETURN TO STUDENT RECEPTION BY **WEDNESDAY 3 APRIL 2019**

To: Ms K Ivory, Consent form for the use of Biometric Information Thursday 4 April 2019

Childs Name: Tutor Group

Having read guidance provided to me by The Sir John Colfox Academy

I do/do not (*please delete as appropriate)

give consent to information from the fingerprint of my child being taken and used as part of an automated biometric recognition system for the purpose of purchasing food from the school canteen. I understand that I can withdraw this consent at any time in writing.

Name of Parent:

Signature:Date.....