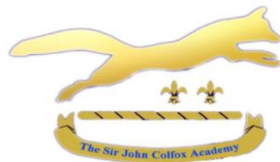


The Sir John Colfox Academy



Inspiring Learning, Achieving Excellence

Headteacher: Mr Adam Shelley MEd, BSc Hons, PGCE, NPQH

Dear Parent/guardian,

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION

Please complete this form if you consent to 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 they either leave or cease to use the system. If you wish to withdraw your consent please inform the school office.

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

Yours sincerely

Adam Shelley
Headteacher



PLEASE RETURN TO THE SIR JOHN COLFOX ACADEMY **ASAP**
Consent form for the use of Biometric Information

Child's Name:

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

Name of Parent:

Signature:Date.....