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

Please complete this form if you consent to Biddenham International School & Sports 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 Biddenham International School & Sports College for the purpose of paying for food in the canteen*.*

In signing this form, you are authorising the school to use your child’s biometric information for this purpose until they either, leave the school or cease 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:

Biddenham International School & Sports College

Biddenham Turn

Biddenham

Bedford

MK40 4AZ

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

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Having read guidance provided to me by Biddenham International School & Sports CollegeI give consent to information from the fingerprint of my child:

Name of Child:

Tutor Group:

being taken and used by Biddenham International School & Sports Collegefor use as part of an automated biometric recognition system for purchasing school meals.

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

Name of Parent/Carer:…………………………………………………………………………..

Signature:…………………………………………………………Date:……………………

**Please return completed form to:-**

**Bernadette Burnage**

**Finance Office**

**Biddenham International School & Sports College**

**Alternatively email to: bernadette.burnage@mybiddenham.com**