

Evelyn Grace Academy & Ark Schools Parent/Carer Consent Form for the Use of Biometric Information

Please complete this form if you consent to the school taking and using information from your child's fingerprint by Evelyn Grace Academy as part of an automated biometric recognition system. This biometric information will be used by Evelyn Grace Academy for lunch payments in the canteen.

In signing this form, you are authorising Evelyn Grace Academy 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, you can do so by contacting the school on info@evelyngraceacademy.org. You are not required to give consent, and the school will provide an alternative if this is your preference. The alternative is for your child to state their name to Kitchen staff prior to queuing and a manual lookup will be completed.

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

Having read guidance provided to me by Evelyn Grace Academy, I give consent for information from the fingerprint of my child:

Name of child _____

being taken and used by Evelyn Grace Academy for use as part of an automated biometric recognition system for lunch payments in the canteen.

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

Name of Parent/Carer: _____

Signature: _____

Date: _____

Please return this form to the main reception at Evelyn Grace Academy or your child's form tutor.