

**FARMOR'S SCHOOL
CASHLESS CATERING
BIOMETRIC REGISTRATION**

I confirm that I give consent for my child to be included in the school's biometric registration process:

PUPIL'S FORENAME	PUPIL'S SURNAME:
YEAR:	TUTOR GROUP:
NAME OF PARENT/CARER:	SIGNED:

I do not wish for my child to be included in the school's biometric registration process and ask for a PIN to be issued:

PUPIL'S FORENAME	PUPIL'S SURNAME:
YEAR:	TUTOR GROUP:
NAME OF PARENT/CARER:	SIGNED:

Please return to: Student Services, by Friday 10th February 2017