



## **Biometric Permission Form - please return to the finance post box**

I confirm that we wish our child/children to be registered on the school's Biometric System with immediate effect.

I understand that I may withdraw this registration at any time in writing.

<b>Student's surname</b>	<b>Student's first name</b>	<b>Tutor group</b>	<b>Relationship to adult signing below</b>
<i>Example:</i> <i>Smith</i>	<i>John</i>	<i>9P</i>	<i>Son</i>
Child #1			
Child #2			
<b>Name of Parent/Carer</b>	<b>Signature of Parent Carer</b>		<b>Date</b>

***Please return this form to the Finance post-box***