



FOREST HILL SCHOOL

MAKING A DIFFERENCE

SPECIALIST SCHOOL IN THE PERFORMING ARTS

**CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN FOREST HILL SCHOOL**

Please complete this form if you consent to the school taking and using information from your child’s fingerprint by Forest Hill School as part of an automated biometric recognition system. This biometric information will be used by Forest Hill School 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 he/she either leaves the school or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school at the following address:

Forest Hill School, Dacres Road, Forest Hill, London SE23 2XN

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

Having read guidance provided to me by Forest Hill School, I give consent to information from the fingerprint of my child:

Name of Child: ..... Tutor Group .....

being taken and used by Forest Hill School for 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: .....

Signature: ..... Date: .....

**Please can this form be returned to Forest Hill School (Ms Simone McFarlane)**