

EDGBARROW SCHOOL CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL



Please complete this form if you consent to your child using biometric systems until he/she leaves the school.

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

I give consent to Edgbarrow School to use the biometrics of my child for use as part of a recognition system as described above.

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

Student Name	
Current School	
Name of parent/carer	
Parent/carer signature	
Date	

*Please complete and return to the school office by **Friday 25th May, 2018***