

**Cashless Catering Biometric Data Collection**

To Parent/Carer

I confirm that I wish for my child **TO BE / NOT TO BE** (please delete as appropriate) registered on the school’s biometric cashless catering system.

I understand that I may withdraw my child’s registration at any time in writing.

|  |  |
| --- | --- |
| **Child’s Name** | **Relationship to child** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Name of parent/carer:** | **Signature:** | **Date:** |

**Please complete and return to the school either by post, hand delivery or by taking a photograph of the completed form and sending it via email to** **Admin.Ydderwen@bridgend.gov.uk**