



**CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN  
THE GARIBALDI SCHOOL**

Please complete this form if you consent to The Garibaldi School taking and using information from your child's biometric as part of an automated biometric recognition system. This biometric information will only be used by The Garibaldi School for the purpose of cashless catering.

In signing this form, you are authorising The Garibaldi 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 in writing.

Once your child ceases to use the biometric recognition system, his/her biometric information will be securely deleted by The Garibaldi School.

---

Having read the guidance provided to me by The Garibaldi School, I give consent to information from the biometric registration, of my child, being taken and used by The Garibaldi School as part of an automated biometric recognition system for Cashless Catering.

Childs Name:.....

Mentor Group:.....

**Name of Parent/Carer:** .....

**Signature:** .....

**Date:**.....