

## Cashless Catering Biometric Permission Slip

To: **Notre Dame High School**

I/We confirm that we wish our child **TO BE** registered on the school's Biometric Cashless Catering System with immediate effect.

I/We confirm that we wish our child **NOT TO BE** registered on the school's Biometric Cashless Catering System with immediate effect.

I understand that I/we may withdraw my child's registration at any time in writing.

Child's Name	Form	Relationship to Child
Name of Parent and/or Guardian		
Signature		
Date		

**The Student should take the completed permission slip our Catering Manager Mrs P Marshall to have the scan taken**