

# Biometric Authorisation Form

To: [The Astley Cooper School](#)

I confirm that I wish my child / children to be / not to be (please delete where applicable) registered on the school's Biometric Cashless Catering System with immediate effect.

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

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