



MARLING
SIXTH FORM
Downfield Road

BIOMETRIC FINGERPRINT CONSENT FORM

I consent to a finger image being taken for my son/daughter to access the cashless catering facility:

Student's Name:Tutor Group:

Parent's Name: (please print)

Parent's signature:

I do not consent to a finger image being taken and would like my son/daughter to be issued with a PIN number to access the cashless catering facility:

Student's Name:Tutor Group:

Parent's Name: (please print)

Parent's signature:

This form should be returned on enrolment day, Wednesday 2nd September.