



# COOPERS SCHOOL

## CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Please complete this form if you consent to the school taking (and using) information from your child's fingerprint by Coopers School as part of an automated biometric recognition system. This biometric information will be used by the school for the purpose of providing students with a secure method of paying for school meals. (Please see the additional information in the Catering Section of the Admissions Pack).

In signing this form, you are authorising Coopers 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 so in writing and sent to the school at the following address;

Coopers School  
Hawkwood Lane  
Chislehurst  
Kent  
BR7 5PS

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

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Having read guidance provided to me by Coopers School, I give consent to information from the fingerprint of my child:

**Students name.** \_\_\_\_\_ being taken and used by the school for use as part of an automated biometric recognition system for the purpose of purchasing school meals.

I understand that I can withdraw this consent at any time in writing.

**Name of parent/carer:** \_\_\_\_\_

**Parent/Carer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you have any further questions relating to Biometrics please contact Mr Dave Merry, Head of Finance, via email [dmerry@coopersschool.com](mailto:dmerry@coopersschool.com)