

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Please complete this form if you consent to your child using biometric systems until she leaves the school.

Once your child ceases to use the biometric recognition system, her biometric information will be securely and permanently deleted by the school.

I give consent to the school for the biometrics of my child..... to be used by Reading Girls' School for use as part of a recognition system as described above.

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

Name of Parent:

Signature:

Date:

Please return this form to: school reception if you are unable to email your permission