

BIOMETRIC DATA PERMISSION FORM

I give permission for my child/ren's biometric data to be processed in accordance with the Freedom of Information Act 2012 for use in the school restaurants' cashless catering system and LRC.

Name(s) of children: _____

Parent/Carer signature: _____ Date: _____

Print Parent/Carer Name: _____

**Please return to the Admin Office, Park Lane Learning Trust, Park Lane, Halifax,
HX3 9LG**