

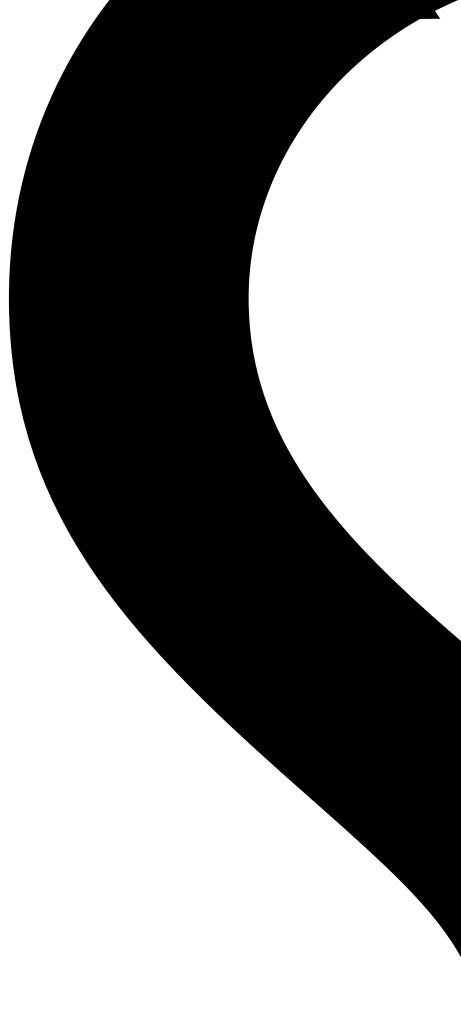


1. Legal Framework

statutory legislation guidance

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9.	Breaches		

 [Specify any third party with which the information is to be shared, e.g. the supplier of the bion system] 	<mark>netric</mark>
[specify why it needs to be disclosed to the third party]	
Providing your consent/objecting to the use of biometric data	
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Consent Form for the Use of Biometric Information

[Insert the biometric information the school intends to collect and use]						
• [Specify the purpose	e the information will be u	used for, e.g. catering]				
☐ Do ☐ Do not	NAME OF	F SCHOOL/ACADEMY				
	For parents/carers that h	nave provided consent				
Please confirm that you hav SCHOOL/ACADEMY ADD		ne following terms: RT SCHOOL/ACADEMY EMAIL ADDRESS	INSERT			
	For all parents/carers					
Name of child:						
Name of parent/carer:						
Signature of parent/carer:						
Date:						
Please return this form to th	ne main <u>reception</u> by:	DATE				