



# Westfield Community Technology College

*with specialist status in technology*

Principal: T Body BA (Hons), MA

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

**Student Name:**

**Form:**

Westfield Community Technology College wishes to take and use information from your child's biometric fingerprint as part of an automated biometric recognition system. This biometric information will be used by Westfield CTC for the purpose of the administration of the college canteen and possible future use in the college library.

Please complete the information below indicating whether you consent or not to the use of your child's biometric information for this purpose until he/she either leaves the school or ceases to use the system. If you wish, you can withdraw your consent at any time; this must be done in writing and sent to Westfield CTC.

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

After having read the guidance provided by Westfield CTC, please would you delete which of the following statements that do not apply.

**\*I/We give consent for my child's biometric finger print to be taken and used by Westfield CTC for use as part of an automated biometric recognition system for administration of the college canteen and possible future use in the college library.**

**\*I/We do not give consent for my child's biometric fingerprint to be taken and used by Westfield CTC for use as part of an automated biometric recognition system for administration of the college canteen and possible future use in the college library.**

**\*PLEASE DELETE THE STATEMENT WHICH DOES NOT APPLY**

**Name of Parent/Carer:** .....

**Signature:** .....

**Date:** .....

**Please return this form to:**

**Mrs J, Cook, Administration, Westfield CTC**