

**FARMOR'S SCHOOL  
CASHLESS CATERING  
BIOMETRIC/PIN REGISTRATION**

I confirm that I give consent for my child to be included in the school's biometric registration process:

PUPIL'S FORENAME	PUPIL'S SURNAME:
YEAR:	TUTOR GROUP:
NAME OF PARENT/CARER:	SIGNED:

I do not wish for my child to be included in the school's biometric registration process and ask for a PIN to be issued:

PUPIL'S FORENAME	PUPIL'S SURNAME:
YEAR:	TUTOR GROUP:
NAME OF PARENT/CARER:	SIGNED:

**ALLERGENS**

My child has the following allergies:

Please complete and return to Finance Team, School House