



Biometric Authorisation - ParentPay

Please complete in BLOCK CAPITALS

Surname	_____
First Name	_____
Other Names	_____
Name by which your child is known	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	_____
Home Address	_____ _____
Postcode	_____

I hereby give my consent for the above named to have their Biometric Information processed for the purpose of accessing Bishop Stopford's School's Cashless Catering system.

Note to Student: Please ask your form tutor for permission to go to canteen during registration & ask for your finger to be scanned.

Name of Parent(s)/Carer(s)(please print)

Signed:

Date:

Office Use Only :

Roll Number :	
Form/House :	
Start Date :	
Biometric Ticked on MIS :	