



To: Blythe Bridge High School & Sixth Form

I GIVE permission for my child to be registered on the school's Biometric Cashless Catering System with immediate effect.	
I DO NOT GIVE permission for my child to be registered on the school's Biometric Cashless Catering System.	

(please TICK ONE BOX where applicable)

I understand that I/we may withdraw my child's registration at any time in writing.

Child's Name	Form Name/Number	Relationship to Child

Signature: Date: