



Biometric Consent Form

Please complete this form to the school taking and using information from your child's fingerprint by Crickhowell High School as part of an automated biometric recognition system, or indicate you wish to use a carded system.

This biometric information will be used by Crickhowell High School for the purpose of gaining access to school building.

In signing this form, you are authorising the school to use your child's biometric information for this purpose until he/she either leaves the school or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school at the following address:

office@chs.wales or Biometric Consent, Crickhowell High School, New Road, Crickhowell, Powys, NP8 1AW

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

You have the right for your child to not have the biometric data taken no further action is required/

Having read guidance (www.chs.wales/biometric) provided to me by Crickhowell High School, I give consent to information from the fingerprint of my child:

Name of Student: _____ Form: _____

being taken and used by Crickhowell High School for use as part of an automated biometric recognition system for accessing the school site through access control doors.

I understand that I can withdraw this consent at any time in writing.

Name of Parent/Carer: _____

Signature:

Parent

____/____/____

Date

Pupil

____/____/____

Date

Please return this form to your child's form tutor.