



2016/17

Dear Parent/Carer

I am writing to inform you that we operate a biometric payment system for purchases in our Diner and Refectory.

The system involves recording a biometric measurement of a finger for each student (not an actual fingerprint) which is stored securely in compliance with data protection law. To make a payment in the Diner, students simply present their finger to an electronic reader at the till which will identify their account, record their purchase and deduct money accordingly.

The system gives us:

- A secure method of paying for food, eliminating the need for students to bring cash to school;
- The ability for parents and carers to pre-load accounts on-line, and monitor and view transactions;
- Students with Free School Meals entitlement are not identifiable when they purchase food – their Free School Meal allowance is automatically credited to their account at the beginning of each day; and
- Speedy service at the tills reducing queues and freeing up more break and lunch time.

We are required by law to obtain consent from parents or carers before recording students' biometric data, so if your daughter would like to use the biometric system for purchases in the Diner, please complete the form below indicating that you give your consent.

Once we have your consent, your daughter can come to reception to be scanned which only takes a few seconds. We will then give her the information you need to set up her online account, which is done through a company called sQuid who manage the payments for our biometric accounts.

Our eventual aim is to go completely cashless. However, at present we still have a cash till in the Diner and of course your daughter can also bring in a packed lunch if she prefers to do so. If you have any queries or concerns about the system, please do not hesitate to get in touch by e-mailing us at: cashlesscatering@davison.w-sussex.sch.uk

Yours faithfully

L Corcoran

Ms L Corcoran
Office Team Leader



CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Daughter's name: _____ Form: _____

I give consent to the biometric measurement of my daughter's finger being used by Davison C.E High School in the school Diner's biometric recognition system. I understand that I can withdraw this consent in writing at any time.

Name of parent/carers: _____ Signature: _____ Date: _____

Please return this form to the school reception.