



**CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL**

Please complete this form if you consent to your child using biometric systems until he/she leaves the school.

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

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I give consent to the school for the biometrics of my child **(please print name)** \_\_\_\_\_ Form Group \_\_\_\_\_ to be used by Buxton School for use as part of a recognition system as described above.

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

**Name of Parent:** .....

**Signature:** .....

**Date:** .....

Please complete this form and bring it with you to your Admissions interview.