



July 2024

Dear Parents/Carers

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN CHOSEN HILL SCHOOL

Please complete this form if you consent to Chosen Hill School taking and using information from your child's fingerprint as part of an automated biometric recognition system. This biometric information will be used by Chosen Hill School for the purpose of monitoring attendance and updating signing in and out of the school site during the day.

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

Brookfield Road, Churchdown, Gloucester GL3 2PL

Once your child ceases to use the biometric recognition system, their biometric information will be securely deleted by the school. If you do not give your consent your child will be issued with a PIN number for use on the registration system to ensure effective safeguarding is in place.

Having read the guidance provided to me by Chosen Hill School, I give consent to information from the fingerprint of my child:

Yours faithfully

Mrs J Henry
Director of Sixth Form

Name of Student:LM Group:

I agree to my biometric data being taken and used by Chosen Hill School for use as part of an automated biometric recognition system for registering attendance and signing in and out during the school day and I understand that I can withdraw this consent at any time in writing:

Student Signature:

Parent Signature:Date:

Please return this form to: The Sixth Form Office (Upper Study Room) at Chosen Hill School

