



Ark Greenwich Free School

Dear parent/carer,

Cashless Meals process

Over the past year the school has been implementing a biometric system to collate payments for snacks and meals/ drinks in the canteen. The information from your child that we wish to use is referred to as 'biometric information' (see next paragraph). Under the Protection of Freedoms Act 2012 (sections 26 to 28), we are required to notify each parent of a child and obtain the written consent of at least one parent before being able to use a child's biometric information for an automated system.

Biometric information and how it will be used

The information will be used as part of an automated biometric recognition system. This system will take measurements of your child's thumb print and convert these measurements into a template to be stored on the system. An image of your child's thumb print is not stored. The template (i.e. measurements taking from your child's thumb print) is what will be used to permit your child to access food services.

You should note that the law places specific requirements on schools when using personal information, such as biometric information, about pupils for the purposes of an automated biometric recognition system.

For example:

- (a) the school cannot use the information for any purpose other than those for which it was originally obtained and made known to the parent(s) (i.e. as stated above);
- (b) the school must tell you what it intends to do with the information;

Providing your consent/objecting

As stated above, in order to be able to use your child's biometric information, the written consent of at least one parent is required.

If you give consent but later change your mind, you can withdraw this consent. Please note that any consent, withdrawal of consent or objection from a parent must be in writing.

If you give consent to the processing of your child's biometric information, please sign, date and return the enclosed consent form to the school. If you do not wish your child to use their thumb print for meals payments, we will make alternative arrangements.

Please note that when your child leaves the school, or if for some other reason he/she ceases to use the biometric system, his/her biometric data will be securely deleted.

Payment for meals/snacks

Parents will receive instructions on how to top up via e-mail through our online system. Alternatively, your child may bring cash for the 'top-up' machine' (situated in the pupil entrance hall) which enables money to be available to use instantly.

It is important that you please sign the attached form and return by e-mail/scan to the school, or send back with your child on the Induction day

If you have any questions or concerns please e-mail our Reception via info@arkgreenwich.org

Kind regards,

Mr Spiers
Headteacher



Ark Greenwich Free School

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Please complete this form if you consent to the school to using your child’s thumb print by as part of an automated biometric recognition system to pay fro school meals and snacks. This biometric information will only be used by Greenwich Free School for the purpose of paying for food in the canteen and, in the future, potentially for borrowing from the library.

We will be taking secure thumb prints during the first week of school. (Please note this is a simple process of placing the thumb on a small scanner screen).

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 office.

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

Having read guidance provided to me by Ark Greenwich Free School, I give consent to information from the thumb print of my child:

Name of Child:

being taken and used by Ark Greenwich Free School for use as part of an automated biometric recognition system for purchasing school meals/snacks and in the future, accessing the school library.

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

Name of Parent:

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Signature: **Date:**

**Please return this form to the school office or e-mail your consent to:
info@arkgreenwich.org**