



Cashless Catering – Wadebridge School

To: Wadebridge School

I confirm that I **agree** to my child/children being registered on the school’s Biometric Cashless Catering System with immediate effect **tick box**

I confirm that I **DO NOT** agree to my child/children being registered on the school’s Biometric Cashless Catering System **tick box**

Name of child/children:
.....
.....
.....

Tutor Group:
Tutor Group:
Tutor Group:
Tutor Group:

Name of Parent/Guardian:

Signed:

Date: