



**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/Carer: .....

Signed: .....

Date: .....