



## PERMISSION FOR THE USE OF BIOMETRICS

Pupil Name	Form

Please tick one of the following options:

- I give** my permission for Brynteg School to collect and process biometric data.
- I do not give** my permission for Brynteg School to collect and process biometric data

Signature of Parent/Carer \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS TO YOUR SON/DAUGHTER'S FORM TUTOR BY **FRIDAY 11<sup>th</sup> May 2018.**

# In **the case of siblings, ONE form can be used for all concerned. Please list the names of brothers/sisters below and return to the form tutor of the eldest pupil:**

Pupil Name	Form