



Cabot
Learning
Federation



CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN KING'S OAK ACADEMY

Please complete this form if you consent to your child using biometric systems until he/she leaves the academy.

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

Please return this form to:

King's Oak Academy School Office

Student's Name: _____ Tutor Group: _____

I give consent to the academy for the biometrics of my child to be used by King's Oak Academy for use as part of a recognition system.

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

Name of Parent/Carer: _____

Signature: _____

Date: _____

I N P U R S U I T O F E X C E L L E N C E

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