



CASHLESS CATERING INFORMATION FORM

Name of Child in full :	Tutor Group:
1	1
2	2
3	3
4	4
	<input type="checkbox"/>

Biometric Registration

I have read the information received from the School about the Cashless Catering System that is in operation and

I agree to my child/children being registered biometrically

I do not agree to my child/children being registered biometrically

Signed : _____ (Parent/Carer)

Daily limit on Account

*I am happy with the School default of £5.00 per day / *I would like the daily limit to be set at

appropriate £ per day^ * please delete as

Signed : _____ (Parent/Carer)

Please complete and return this form to the School ASAP

Please refer any questions to the Finance Office – by email – finance@skdrive.org or by phone – 01275 373737, option 3

^ We reserve the right to allow the student to go over this limit when they are handling unwrapped food which cannot be re-sold