



To: Sir Thomas Boughey Academy

I/We confirm that we wish our child / children TO BE/NOT TO BE (please delete where applicable) registered on the school's Biometric Cashless Catering System with immediate effect.

I understand that I/we may withdraw my child's registration at any time in writing.

Child's Name	Child's signature	Form Name/Number	Your relationship to Child
Name of Parent and/or Guardian (Print)		Signature	Date