

# BIOMETRICS PERMISSION FORM

Parents please fill out a permission form and include all students in your household. Please place a "YES" by each students full name/grade that you wish to be enrolled into the biometrics account access in the cafeteria. Or place a "NO" beside each students full name/grade that you do not wish to be enrolled. Students not enrolled in biometrics will still have access to their accounts via Lunch Cards or PIN numbers. Don't forget to sign and date the bottom of this page.

I \_\_\_\_\_ being the legal parent/guardian of students listed below give/deny my permission for these students to be enrolled in the biometrics program for school lunch accounts.

PERMISSION (YES/NO)	FIRST NAME	LAST NAME	AGE	GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_