## Reply Slip – Please return to your child's Form Tutor

## **Biometric Fingerprint Catering Payment System**

Please tick ☑ as appropriate:			
☐ I wish my child to use the Bio	metric Fingerprint Catering Payr	nent Sy	stem
Pupil Name		Form	
Parent/Carer Signature		Date	
Parent/Carer Name (Print)			