

KSN/LED

8 June 2017

Dear Parent or Guardian

Biometric System

I am excited to inform you that we will be implementing a new student recognition system using biometrics at Robert Smyth Academy. This will allow us to make the best use of efficient systems for cashless catering.

We expect this system to improve the services we are able to offer students and staff significantly, with benefits including:

- Improved security for handling cash transactions in the school
- Reduction in administration time and cost dealing with lost or forgotten fobs
- Children will not have to remember to bring a fob
- Reduction in queuing time

This is a technology that is already used successfully by thousands of schools and as a leadership team we are convinced that this is the right way forward for Robert Smyth Academy.

We would like to make it clear that Robert Smyth Academy will comply at all times with Data Protection Act and with the provisions of the Protection of Freedoms Act 2012 (which came into force in September 2013) regarding the use of biometric data. In order for your child to use the biometric system, one parent or guardian will need to read, consent by email, or sign and return the attached form. We will also offer an opportunity to opt out for those pupils who, upon consideration, would prefer to use alternative forms of identification.

Further information about biometrics systems is enclosed.

If you would like more information or the chance to discuss this further, please feel free to contact me.

Yours faithfully



Miss K Nicholson
Assistant Headteacher

Enc

Acting Principal Richard Taylor BA (Hons)

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN ROBERT SMYTH 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.

I give consent to the Academy for the biometrics of my child:

[insert name of child].....

to be used by Robert Smyth Academy for use as part of a recognition system as described above.

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

Name of Parent:

Signature:

Date:

Please return this form to:

- Student services