

To: St Peter's School



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 – If no permission is given, a PIN number will be issued in due course.

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

Child's Name	Form Name/Number	Relationship to Child
Name of Parent and/or Guardian	Signature	Date

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL FINANCE OFFICE, SOUTHBOURNE ASAP.