**To: Walton High 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.

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

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| --- | --- | --- |
| **Child’s Name**  | **Tutor Group** | **Relationship to Child** |
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|  |  |  |
|  |  |  |
| **Name of Parent and/or Carer** | **Signature** | **Date** |
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