

To: **The Castle School**

I confirm that I wish my child/children **TO BE/NOT TO BE** (please delete as 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.

Child's Name	Child's Form	Relationship to Child
Name of Parent(s) and/or Carer(s)	Signature(s)	Date

Please return this form to the Main School Office by 22 February 2017.