



1/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.

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

W	Whitley	Academy
an RSA academy		



1/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.

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