



Saint Paul's Catholic High School

Dear Parent/Carer

At Saint Paul's we have a cashless system for students who have a school meal. The name given to systems such as this is Biometric Authentication. We operate a similar system in the school library.

Biometric authentication is the automatic recognition of a living being using suitable body characteristics. By measuring an individual's physical features in an authentication inquiry and comparing this data with stored biometric reference data, the identity of a specific user is determined. There are many different **biometric features that can be used for authentication purposes these include finger image, signature, iris, retina, DNA or any other unique characteristic. Once a characteristic has been chosen the next stage in the Biometric process is authentication.** A biometric feature is saved on to a database. Once the data has been stored, a new scanning of the biometric feature is taken. If the comparison is positive, access to the appropriate application is granted.

In order for the system to operate the students have one finger (usually right index finger) scanned. No image of a fingerprint is ever stored. It is not possible to recreate an image of the original scan from the data that is stored. Rather, it is turned by the system into an individual number which is recorded and recognized when a student places their finger on the reader. The data is further encrypted for security and cannot be used in any other database.

In order to comply with the provisions of the Protection of Freedoms Act 2012, we need written permission from a parent in order for students to use the biometric system. Should you agree to your child having their fingerprint scanned and use the biometric system, it is important that you return the signed consent form below as soon as possible. Please, note that when students leave school or if for any other reason they cease to use the biometric system, their biometric data will be permanently deleted.

Please complete the permission slip below and it return to school as soon as possible. More information is available on our website. **If you have any queries please contact me at school.**

Yours sincerely
Mrs S Williams

Deputy Head teacher

I give consent for my child to be included in the Impact Biometric registration process

Name of student: _____

Year: _____

Name of Parent/Carer

Signature: _____ Date: _____

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Mr A.Hren, Headteacher.



Journeying together with Jesus Christ, we learn to love and love to learn.

