



Section 10

Consent form

ST. ILLTYD'S CATHOLIC HIGH SCHOOL

Please consider the options and return it back to us, signed, by the date shown on the letter sent by your school. I agree to the terms and conditions and authorise my child(ren) to be included in the Biometric Cashless System.

Name of child 1	<input type="text"/>	Year	<input type="text"/>
Name of child 2	<input type="text"/>	Year	<input type="text"/>
Name of child 3	<input type="text"/>	Year	<input type="text"/>
Name of child 4	<input type="text"/>	Year	<input type="text"/>
Name of parent	<input type="text"/>		
Signature	<input type="text"/>		
Date	<input type="text"/>		
Comments	<input type="text"/>		

