



To: Overton Grange 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.

Child's Name (s)	Form Name/Number	Relationship to Child
Name of Parent or Carer / Person with parental responsibility	Signature	Date

Please return the completed form to the Finance office.