



Headteacher: Miss Heather Duggan

Sherwoods Lane  
Liverpool  
L10 1LB

Tel: 0151 524 4530  
0151 524 4531  
Fax: 0151 524 4532

**Specialist Engineering and  
Creative Arts College**

Our Ref: CS/HG

email: [admin@fazakerleyhigh.org](mailto:admin@fazakerleyhigh.org)  
website: [www.fazakerleyhigh.org](http://www.fazakerleyhigh.org)

June 2020

Dear Parent/Carer,

**Biometric Fingerprint Catering Payment System**

Government guidelines stipulate that written permission be given by parents or carers to use pupils' biometric data. There is no change to our current biometric systems, we simply require you to agree in writing to your son/daughter using our system.

This system allows all pupils to pay for their school meals, drinks and snacks by placing their finger on a scanner. Pupils register for the system with our caterers by placing their finger on a scanner, and providing their information.

When obtaining their food in the Dining Hall, the server will see a display of the pupil's name, form and current balance.

Payments to the account can be made in three ways;

1. Coins can be paid into one of two machines in the Dining Hall, which updates the pupil's account immediately, showing them a current balance.
2. If you wish to make payments to your child's account by cheque, please make your cheque payable to "Chartwells" and ask your child to take the cheque to the Dining Hall at morning break, where the cashier will update their account.
3. Payments can be made online using ParentPay – further details will be sent out in September.

The biometric fingerprint system is also a confidential system which is used to make the appropriate payments if your child receives Free School Meals.

Please complete the reply slip below:

**Reply Slip**

**Biometric Fingerprint Catering Payment System**

Please tick  the appropriate box

- I wish my child to use the Biometric Fingerprint Catering Payment System
- I do not wish my child to use the Biometric Fingerprint Catering Payment System

Pupil Name ..... Form .....

Parent/Carer Signature ..... Date .....

Parent/Carer Name (Print) .....

