



To: UPPER SHIRLEY HIGH 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	Tutor Group	Relationship to Child
Name of Parent and/or Guardian	Signature	Date