

WESTERN WAYNE SCHOOL DISTRICT
FOOD SERVICE DEPARTMENT

Opt-Out Form

I do not want my child(ren) to participate in the biometric finger scanning ID program.

I understand that the biometric software does not take an actual fingerprint and at no time is a fingerprint image ever stored in the system. I also understand that all data is stored on school servers behind school firewalls.

Should I elect to have my child(ren) use this biometric finger scanning ID system in the future, I will submit a written request to opt-in.

By submitting this form, I understand that my child will be required to use another form of student identification (Barcode, PIN or ID card).

Your Child(ren's) Name: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____