

**GRACE ACADEMY SOLIHULL – PARENT/CARER SIGNED CONSENTS**

**Students Name:**

* **ACADEMY DIGITAL POLICY**
* I have read, understand and agree with the Grace Academy Digital Policy.
* **ACADEMY CHARTER**

I have read, understand and agree with the Grace Academy Charter.

* **BIOMETRIC CONSENT**

I have read, understand and agree with my child being registered on the Academy Biometric Cashless Catering System.

I understand I can apply in writing for my child to be withdrawn at any time.

**WHEN YOU HAVE READ EACH OF THE ABOVE DOCUMENTS, TICK AGAINST EACH & SIGN BELOW**

**Parent/Carer Name:**

**Parent/Carer Signature: Date:**

**Student Name:**

**Student Signature: Date:**