



25th September 2019

Headteacher: Mr W N Jenkins Tel: 01326 572685 Fax: 01326 572183

Church Hill, Helston, Cornwall. TR13 8NR Email: enquiries@helston.cornwall.sch.uk

www.helston.cornwall.sch.uk

Dear Parent/Carer

<u>Cashless Catering System Upgrade</u> <u>Re-Registering of Biometric Thumbprints - Wednesday 2nd October 2019</u>

We are pleased to announce that we have upgraded our cashless catering system at Helston Community College this year. The new system will allow us to continue with the development of the school meal service, and will provide us with a more efficient, faster and ultimately better quality service.

This system incorporates the latest technology and eliminates the need for students to carry cash throughout the day. It is biometric so there is no need for students to carry a card, as the system will recognise the thumb/finger of your child at the revaluation pay points and at the tills.

Any amount of money can be paid into a student's account, and any money spent on food and drink will be deducted on a daily basis.

We have two payment options available to you – online payments via ParentPay or coin and note payments at the revaluation pay-points.

A daily 'spend limit' of £5 will be programmed into the system. This can be increased or decreased for an individual student by completing the section on the attached form.

We will be operating an 'OPT OUT' policy and therefore require you to complete the attached form if you choose not to have your child registered on the biometric system. A 5 digit PIN Code has been already allocated to each student. Please note that PIN Codes do not have the same level of security and it will be your child's responsibility to remember the code and keep it secure at all times.

If you have any questions, please do not hesitate to contact the College on 01326 575044 or email lhorne@helston.cornwall.sch.uk.

Yours faithfully

Mr W Jenkins Headteacher





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DAILY SPEND LIMIT

Name of Student:	
Tutor Group:	
Could you please set a daily limit of	£
Signed (Parent/Carer):	
Date:	

OR

BIOMETRIC OPT OUT

Name of Student:	
Tutor Group:	
I do not wish the student named above to have their Biometric data held at Helston Community College.	
Signed (Parent/Carer):	
Date:	

PLEASE RETURN THIS FORM TO EITHER RECEPTION BEFORE TUESDAY 1ST OCTOBER