

To: **RAINHAM MARK GRAMMAR SCHOOL**

**I/We** confirm that we wish our child / children **TO BE** 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	Form	Relationship to Child
Name of Parent and/or Guardian <small>(Please print)</small>	Signature	Date