

It is my desire for the student(s) listed below to **opt out** of the Identometrics biometric finger scanning program in Berkeley County Schools. I do not wish for my child(ren) to participate in biometric finger scanning in the school lunch program. Instead of finger scanning, each of my child(ren) will identify him/herself in the lunch line by his/her student identification number.

I will notify the school each year to update this status.

_____ Student name	_____ Student ID number	_____ School
_____ Student name	_____ Student ID number	_____ School
_____ Student name	_____ Student ID number	_____ School

_____ Parent signature	_____ Date
---------------------------	---------------

Parent: Please complete form above, your signature/date, and **return this form to the school.**

_____ Principal signature	_____ Date received
------------------------------	------------------------

Principal: Please send a photocopy of this form to the Office of Child Nutrition and Wellness