## **Electronic Finger Scanning System Opt-Out Form**

| Student Name:   | Grade:              | School Year:                  |
|---|---------------------|-------------------------------|
|   |                     |                               |
| I,, Parent/Guardian, do   | hereby request to   | opt out of the Electronic     |
| Finger Scanning System being implemented to track attendance and            | meal services at A  | cadémie Lafayette. I have     |
| received an explanation of the system, but am choosing at this time to      | o continue to use n | nanual entry for my child for |
| tracking both attendance and meals eaten.                                   |                     |                               |
|   |                     |                               |
| I will instruct my child to inform the staff at the front desk and at the m | eal desk that they  | are not in the system and     |
| manual entry is needed.   |                     |                               |
|   |                     |                               |
|   |                     |                               |
| Parent/Guardian Signature   | _                   |                               |
|   |                     |                               |
| Date  |                     |                               |

You may choose to opt out at any time. Please return the form to your child's campus manager:

- Armour: JJ Harper, <u>jharper@academielafayette.org</u>
- Cherry: Maaria Riaz, mriaz@academielafayette.org
- Oak: Crista Peeler, <u>cpeeler@academielafayette.org</u>

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO YOUR STUDENT'S DATA