

# FINGER SCANNER “OPT OUT” FORM

STUDENT NAME(S)	GRADE
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

My student(s) is “opting out” of using the finger scanner at BES, BMS or BHS cafeterias and she will type in the 5 digit PowerSchool ID # in the keypad.

Parent/Guardian signature  
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