

Cafeteria Fingerprint Scanning Opt-Out Form

I **DO NOT** give permission for my child to participate in the fingerprint scanning cafeteria checkout process.

I understand that I must return this form to my child's school or to the Carroll County Board of Education in order to opt my child out of the program.

I also understand that I can email OptOut@Carroll.KySchools.Uk to opt my child out of the program.

Student's Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____