



**Marysville Joint Unified School District**

**Nutrition Services**

1919 B Street \* Marysville, CA 95901

P: (530) 749-6178 F: (530) 741-7829

Date: \_\_\_\_\_

Dear Parent or Guardian:

Re: Biometric Scan System

The MJUSD Nutrition Services Department uses the NutriKids Point of Sale (POS) computerized system during our meal service. When using this system, we also utilize a biometric finger scanning identification system at your school to increase the efficiency and security of meal services.

The Biometric Scan system consists of a finger reader that identifies each student as he/she passes through the serving line. Once the student is identified, the biometric system passes the student's identification to the POS serving line software. An advantage to the biometric system is that it does not require students to carry a lunch card or memorize a PIN number. Each student will be required to scan their finger initially, in order to enroll them into the system. However, the system does not store a copy of the fingerprint. Instead, the biometric system creates a template of unique fingerprint characteristics. This makes the biometric system extremely secure because no fingerprints can be created from these unique characteristics. At no time is a fingerprint image stored. No fingerprints can be recreated or delivered to any agency – governmental or otherwise.

**If you do NOT want your child enrolled in this identification method, you must complete the second page of this letter and return it to your school by the first day of school or upload it in the Enrollment Portal.**

It is important to us that your child's experience in school is educational and rewarding. We hope you will find this way of identifying your child to be safe, easy, accurate, and efficient. If you have questions, please feel free to call me at (530) 749-6178. Thank you, it is a pleasure serving you and your children.

Amber Watson, RD, SNS

Nutrition Services Director

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### Biometric Fingerprint Scan System Opt-Out

My Child / Children are **NOT** to be enrolled by this student identification method.

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student ID	First Name	MI	Last Name	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please return to your student's cafeteria or mail to:

MJUSD Nutrition Services  
1919 B Street  
Marysville, CA 95901