

Holmen School District – Nutrition Services IDconnect® Finger Identification System Opt-Out Form

Dear Parent or Guardian,

As part of our ongoing efforts to enhance meal service security and efficiency, the Holmen School District will be implementing a new identification system called **IDconnect**®. This system allows students to quickly and securely access their meal accounts using a finger identification scanner.

We understand that some families may prefer not to participate in this system. If you choose not to have your child use the IDconnect® scanner, please complete the information below and return this form to:

mardan@holmen.k12.wi.us

Or return a printed copy to the District Office (1019 McHugh Rd, Holmen, WI 54636)

Student Information		
•	Student Name:	
	Grade:	
•	School:	-
Paren	t/Guardian Information	
•	Name:	
•	Phone Number:	
•	Email:	
l do no unders	Out Statement of wish for my child to participate in the IDconnect® finger identistand that my child will instead use a physical barcode to access the sibility to have it available during meal times.	1 0
	ture of Parent/Guardian:	

Questions?

Please contact our Nutrition Services Office: 608-526-1325 mardan@holmen.k12.wi.us