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**REMOTE LEARNING CONSENT FORM**

Please kindly complete the form below and return to school via email as soon as possible, to provide your consent for your child to carry out learning online through Microsoft Teams.

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| Child’s name: |  | Year: |  |

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|  | **Delete as appropriate** |
| I provide consent for my child to take part in Microsoft Teams sessions | YES/NO |
| I have read and understand the requirements and guidance outlined above | YES/NO |
| I am able to provide the necessary equipment required for my daughter/daughters to access their learning on Microsoft Teams | YES/NO |
| I will require additional help and support to manage the online learning process | YES/NO |

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| Signed (Parent/Carer): |  | Date: |  |