



BYMT Online Learning Consent Form

Name of parent/carer:	
Parent email address:	
Name of student:	
School:	
Where is the lesson normally taught? eg school or a BYMT centre	
Name of teacher:	
Teaching my child in the capacity of (*please delete as appropriate):	<input type="checkbox"/> *BYMT contracted Teacher <input type="checkbox"/> *BYMT Licensed Teacher

I confirm that I have read and understood the [BYMT Online Learning Policy and Guidance](#)

Electronic signature of parent/carer:

Date: