



## BYMT Online Learning Consent Form

Name of parent/carer:	
Parent email address::	
Name of student:	
School:	
Where is the lesson normally taught? e.g. School or BYMT Centre	
Name of teacher:	
Teaching my child in the capacity of (*please delete as appropriate)	*BYMT contracted teacher *BYMT Licensed teacher

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

Electronic signature of parent/carer:

Date: