

**SYDENHAM SCHOOL**  
**REMOTE SUPERVISION CONSENT FORM**

**VISIT TO :** Austria

**DATES OF VISIT :** 15/02/2019 – 22/02/2019 (February Half Term)

I GIVE PERMISSION FOR MY DAUGHTER TO BE GIVEN THE OPPORTUNITY FOR `REMOTE SUPERVISION` WHERE SHE WILL BE OUT OF DIRECT TEACHER SUPERVISION FOR SHORT PERIODS OF TIME.

STUDENT NAME

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SIGNED

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RELATIONSHIP TO STUDENT

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DATE

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