

Annexure I (C)

Dear Principal

ACCEPTANCE FORM: LEARNERS WITH COMORBIDITIES

I, _____ (Name of parent/guardian),

parent/guardian of _____ (Name of learner)

from _____ (Name of school) hereby accept the concession offered to keep my child at home and oversee his/her learning while the Covid-19 restrictions are in place due to their current medical condition as outlined in the **attached** proof from their medical practitioner.

Comorbid condition: _____

I accept and agree that I will now take the responsibilities to oversee the learning of my child at home, as outlined in your letter.

I will also adhere to requests made regarding the completion of assessments and other requirements.

Signature: _____

Date: _____