*/Translation from the Lithuanian language/*

|  |
| --- |
|  |
| (the full name of a parent (guardian, foster-parent) in block capitals) |
|  |
| (phone No) |

Attn: Principal, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[specify the name of the school]*

**APPLICATION**

**WITH REGARD TO ORGANISING IN-PERSON LEARNING**

\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021

Vilnius

I hereby request that in-person learning at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[specify the school]* be organised in respect of my child, effective \_\_\_/\_\_\_/2021 *[specify the starting date]*, provided that safe in-person teaching of (and learning by) students who are taught under the primary curriculum can be arranged at the school.

|  |  |
| --- | --- |
| Child’s name |  |
|  | (in block capitals) |

|  |  |
| --- | --- |
| Child’s last name |  |
|  | (in block capitals) |

|  |  |  |
| --- | --- | --- |
| Class |  |  |

ENCLOSED: Consent form, \_\_\_\_ pages.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | (signature) |  | (applicant’s full name) |