**PARENT CONSENT FORM**

**Title of project:** *An analysis of the teachers’ Discourse when teaching basic genetics concepts in*

*South African classrooms*

**Name of researcher:** Shungu Mupfawa

I, …………………………………………….…………….. agree that my child/ward may participate in this research project. The research has been explained to me and I understand what my child’s/ward’s participation will involve.

**Please circle the relevant options below**.

I agree that my child’s/wards participation will remain anonymous **YES** **NO**

I agree that the researcher may use my child’s/ward’s anonymous **YES NO**

quotes in his/her research report

I understand that the transcripts will be stored in a **YES NO**

password protected computer

…………………………………………………………………………….... (Signature of parent)

…………………………………………………………………………….... (Name of parent)

……………………………………………………………………………… (Date)