



MCAST

Annex 2: Participant (or Guardian) Consent Form



MCAST

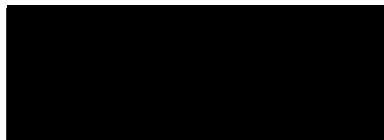
Title of Research:

PROPOSING AND IMPLEMENTING A SCHOOL MANAGEMENT SYSTEM TO BRIDGE THE EXISTING COMMUNICATION GAP BETWEEN GUARDIANS AND PRIMARY SCHOOLS

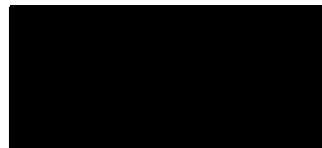
Name of Researcher: Mr Robert Cassar

Please initial box

1. I confirm that I have read and understand the Information Letter for the above study and have had the opportunity to ask questions. RC
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. RC



10/06/2025



Name of Participant/
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Date

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Robert Cassar

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1 for participant; 1 for researcher



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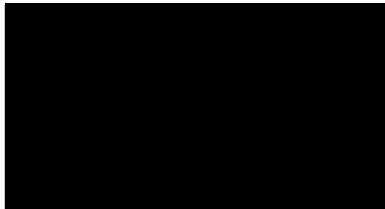
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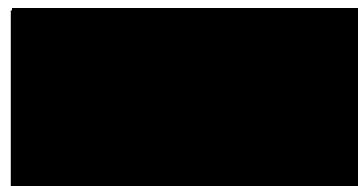
Name of Researcher: Mr Robert Cassar

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1. I confirm that I have read and understand the Information Letter for the above study and have had the opportunity to ask questions. *ACB*
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Name of Researcher: Mr Robert Cassar

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2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. **AB3**

[REDACTED]

10/06/2025

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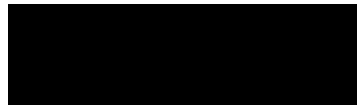
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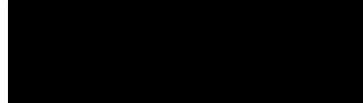
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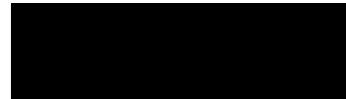
Name of Researcher: Mr Robert Cassar

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1. I confirm that I have read and understand the Information Letter for the above study and have had the opportunity to ask questions. (A)
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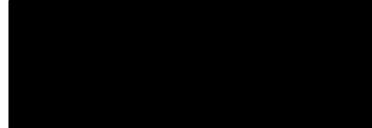
Name of Researcher: Mr Robert Cassar

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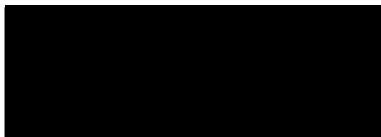
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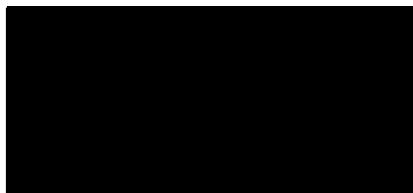
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[REDACTED]

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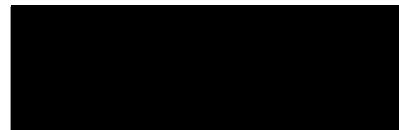
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[REDACTED]

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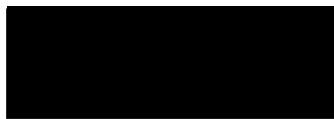
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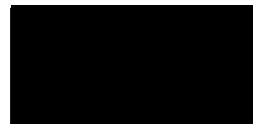
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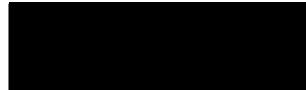
Name of Researcher: Mr Robert Cassar

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[REDACTED]

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Name of Researcher: Mr Robert Cassar

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[REDACTED]

10/06/2025

[REDACTED]

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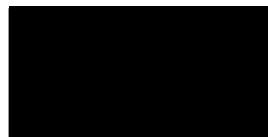
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[REDACTED]

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[REDACTED]

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[REDACTED]

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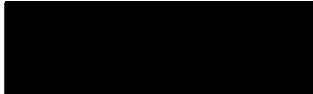
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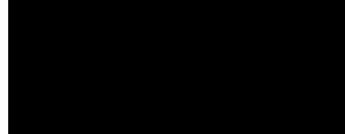
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PROPOSING AND IMPLEMENTING A SCHOOL MANAGEMENT SYSTEM TO BRIDGE THE EXISTING COMMUNICATION GAP BETWEEN GUARDIANS AND PRIMARY SCHOOLS

Name of Researcher: Mr Robert Cassar

Please initial box

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2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.



11/06/2025



Name of Participant/
Guardian

Date

Signature

Robert Cassar

11/06/2025

Researcher

Date

Signature

1 for participant; 1 for researcher



MCAST

Annex 2: Participant (or Guardian) Consent Form



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[REDACTED]

11/06/2025

[REDACTED]

Signature

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Robert Cassar

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11/06/2025

[REDACTED]

Name of Participant/
Guardian

Date

Signature

Robert Cassar

11/06/2025

[Signature]

Researcher

Date

Signature

1 for participant; 1 for researcher



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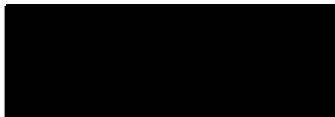
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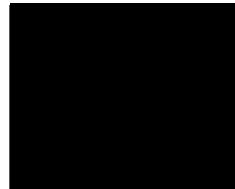
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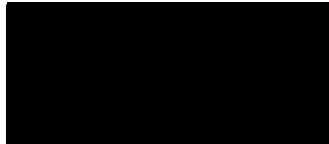
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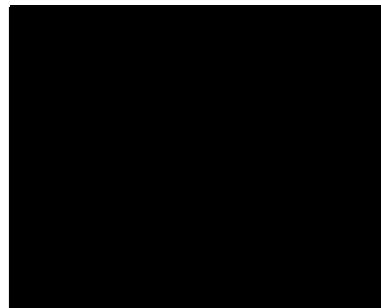
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Name of Participant/
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A handwritten signature of Robert Cassar.

Researcher

Date

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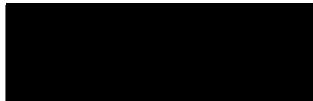
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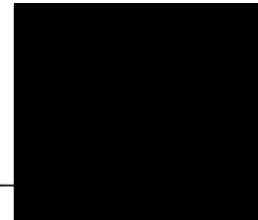
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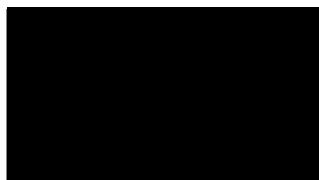
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