

CONSENT FORM

Name of Student _____

Registration No. _____ Class & Section _____

Contact No. _____ Father/Mother/Guardian
of _____ give my **CONSENT** to my

ward to attend classes in School Campus. I will ensure that my ward adheres to the guidelines issued by the school as per the Local/State/Central govt. norms for safe conduct during **COVID pandemic.**

I declare that I am sending my child to the school at my own risk and responsibility and that I will not hold the school responsible for my child's health.

Student Signature

with Name

Parent Signature

with Name