

Delhi Public School Sonapat

Dear parent,

You Ward shall be participating in _____.

Your consent is required to reach the email _____ by _____

Details of Event

1. Event's name : _____

2. Dates : _____

3. Venue : _____

4. Time of pick up : _____ Place of pick up: _____

5. Time of drop : _____ Point of drop: _____

Subject to change dependant on various conditions like traffic & closing of the event

6. Teacher Incharge: _____

Mobile _____ Email _____

7. Bus No _____ Bus Mobile _____

8. Dress Code: _____

9. Participation fee : _____

10. Other points _____

(Teacher's Signature with Name and Date)

CONSENT FORM

I, _____ G/F/O _____

Admn No. _____ of Class _____ allow him / her to participate in the
_____ activity/ exam/ workshop/ competition/ to be held at
_____ from _____ to _____.

I am aware that she/ he will be travelling in _____ along with
_____.

I agree to pay _____ as the participation fees through cash/ cheque
/DD No. _____ in favour of _____.

(Parent's Signature)

Tel No: