



KIS/August /24-25/082

2.05.2024

Dear Parent

We are pleased to inform you that your ward _____ of Grade Section _____ has been selected to participate in the Interschool event at AHLCON PUBLIC SCHOOL. The event is scheduled on Saturday, 4th May 2024.

Reporting time: 7:40 AM

Dispersal time: 2:30 PM

For any further queries contact: Dr. Bobby Patra (Mobile: 9873720687) or Ms. Alphee Mobile no 9899563043)

Parents are requested to drop their wards at the respective venues and pick them up from the reception. Kindly ensure to carry the Authorization Card.

Warm Regards

Dr Sangeeta Arora

(Principal)

CONSENT FORM

I, _____ am interested to send my ward for Interschool event _____ of Grade _____ for participating in the event on Saturday, 4th MAY 2024.

I am aware that the School will take all possible measures to ensure the safety and security of my child. In case of any untoward incident (beyond human control) I will not hold the School responsible in any way.

Date: _____ Mobile No: _____ Signature of the Parents: _____

Address: _____