

## CONSENT FORM

I here give my consent that my ward will attend school online/offline (Please Tick) . I hereby declare that no one in my family or in close contact has been tested positive of COVID – 19 recently. I also assure that if any symptoms of COVID – 19 appear in my family or inclose contacts, I will intimate the School authorities and will not send my ward to the School.

**Name of student** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Class** \_\_\_\_\_

**Admission No.** \_\_\_\_\_

**Signature** \_\_\_\_\_

( Parent /Guardian )

**Date** \_\_\_\_\_