

St. Vivekanand Public School

Sadabad- 281306 Dist - Hathras (U.P.)

An English Medium, Co- Educational, Senior Secondary School Affiliated to

C.B.S.E. New Delhi Affiliation No. 2130819

Ph. 9027717749, E-mail : svps.sadabad@gmail.com, Web: www.svpssadabad.org

Parental Consent Form (Student's Copy)

I confirm that,

I **(Parent's Name)** _____, the parent/legal local guardian of **(Student's Name)** _____ who is a student of class _____ section _____ of St. Vivekanand Public School, Sadabad.

I hereby consent to the above child for his/her participation in school academics. I have no objection to send my child in the campus of St. Vivekanand Public School, Sadabad for regular study purpose.

I have provided contact details below and I confirm that all details are correct as per my information, and I am able to give parental consent for my child to appear physically in the school premises in this Covid-19 pandemic situation.

Parents Information:	Student's information
Name:	Name:
Address:	Admission no.
	Class and section:
Parent's Mobile Phone No.:	Emergency Contact No.:
State Relationship to child:	
Signature with date:	Signature with date:

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