



# ST. PAUL'S SR. SEC. SCHOOL, BEAWAR

OUTSIDE MEWARI GATE, BEAWAR – 305901 (RAJ)

Ph : 01462-225545, Fax : 01462-224545, Email – sps@stpaulsbeawar.com

Date : .....

To,  
The Principal  
St. Paul's Sr Sec School  
Outside Mewari Gate,  
Beawar – 305901 (Raj)

Respected Sir,

It has come to my knowledge that **students of classes 9 to 12** are permitted to attend school to obtain guidance from their teachers with the written consent of parents from 21<sup>st</sup> September 2020. I hereby extend my consent for my son/daughter ..... (Name) of Class ..... Section ..... Scholar No. .... to allow for attending classes scheduled from 21<sup>st</sup> September 2020 at the school campus.

I solemnly agree for my ward's strict adherence to follow the guidelines regarding hygiene and sanitation issued by the school and also agree to send my son/daughter regularly to school in proper school uniform at the scheduled days and time.

I also declare that my son/daughter is in good health and is not under any medication/medical treatment at present. I also promise that in the incident of my son/daughter falling ill or having any symptoms of **COVID-19**, I will inform the school management immediately and stop my son/daughter from attending school with effect from the same day.

Thanking you,

Name of Parent : \_\_\_\_\_

Signature of Parent : \_\_\_\_\_

Address : \_\_\_\_\_

Signature of Student : \_\_\_\_\_

\_\_\_\_\_

Contact no : \_\_\_\_\_