

D.A.V PUBLIC SCHOOL, ALKUSA, DHANBAD- 828116
Parents Consent Form

I (Father/Mother/Guardian) of

Master/Miss..... of

Class.....**Section**.....**Admission No.**, hereby

acknowledge that I have read the **COVID-19** Guidelines issued by the **Government of Jharkhand** for schools and give my consent to my ward to go to school for academic pursuit, guidance and support. I also acknowledge that my ward would abide by the guidelines issued for the collective benefit of the community and prevention of **COVID-19**.

I would mandatorily provide personal hand sanitizer and mask along with water bottle and Tiffin box for his/her personal use.

Signature of Father/Mother/Guardian

Name and signature of student date Class/Sec

Date:-

Contact No. Father/Mother/Guardian:-