CONSENT LETTER

Student's Name :…….

Class/Sec :.....

Contact No. :……

I, Mr. / Mrs..... (***Name of Parent***) give permission to my ward to physically attend school from ……, 2020 for practical classes and doubt clearing classes.

My ward will adhere to social distancing norms and will wear mask and face shield and will carry small bottle of hand sanitizer.

Signature of Parent : ……..

Parent's Name :……..

Date : ……