



ST. THOMAS' SCHOOL
DWARKA

Cir No.: STS/96/2024-25

12.09.2024 (Thursday)

Dear Parent

This is to inform you that your ward has been selected to participate in **CBSE Central Zone Swimming Tournament 2024** to be held at **Mother Divine School, Rohini** from **18.09.2024 (Wednesday) to 21.09.2024 (Saturday)**.

Please Note: Parents have to pick their ward from the school/venue after the event.

For any queries, please contact: Mr Amardeep Singh: 8178182223

Ms. Meneka I. Singh
(Principal)

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CONSENT SLIP FOR CIR NO.: STS/96/2024-25

I, Ms./ Mr. _____ Parent /Guardian of _____ of Class _____
am interested in my ward's participation in **CBSE Central Zone Swimming Tournament 2024** to be held at **Mother Divine School, Rohini** from **18.09.2024 (Wednesday) to 21.09.2024 (Saturday)**.

I, hereby, undertake that I have no objection in participation of my son/ daughter in the above said game. I also hereby, undertake that I am sending him/her at my own risk and school authorities are not responsible in case of any mishap.

Parent's Signature: _____

Parent's Mobile Number: _____