



ST. THOMAS' SCHOOL
DWARKA

Cir No.: STS/172/2024-25

31.01.2025 (Friday)

Dear Parent

This is to inform you that your ward has been selected to appear in **Color Belt Test** to be conducted by **Delhi Taekwondo Association (DTA)** in the school premises on **07.02.2025 (Friday)**.

Please Note:

- Taekwondo dress is compulsory.
- Test Fee: ₹ 600/-

For any queries, please contact: Mr Kiran Yadav : 9250789167
Ms Sarita : 9953831432

Ms Meneka I. Singh
(Principal)

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CONSENT SLIP FOR CIR NO.: STS/172/2024-25

I, Ms./ Mr. _____ Parent /Guardian of _____ of Class _____ am interested in my ward's participation in **Color Belt Test** to be conducted by **Delhi Taekwondo Association (DTA)** in the school premises on **07.02.2025 (Friday)**.

I, hereby, undertake that I have no objection in participation of my son/ daughter in the above said test. 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: _____