

Sri Vidyamanya Vidya Kendra

Affiliated to CBSE

VIDYAMANYA/034/25-26

Consent Form

Dt. 30.08.25

Dear Parent,
Greetings!

This is to inform you that **Remedial Classes for Mathematics** are being arranged for the academic betterment of our students from **01st September 2025** onwards.

Important Notes:

1. These classes are only for **Mathematics**.
2. Classes will be conducted **three days a week from 4:00 pm to 5:00 pm..**
3. **No extra fees** will be charged for these classes.
4. **Van facility will not be available.** Parents are requested to make necessary transport arrangements.

We kindly request your consent to allow your ward to attend these remedial sessions.

Student Details

- Name of the Student: _____
- Class & Section: _____

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- Name of the Student: _____
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Parent's Consent

I, _____, parent/guardian of the above-mentioned student, hereby give my consent for my ward to attend the Mathematics Remedial Classes (**three days a week, 4:00 pm to 5:00 pm**) starting from **01st September 2025**.

Signature of Parent/Guardian: _____

Date: _____

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I, _____, parent/guardian of the above-mentioned student, hereby give my consent for my ward to attend the Mathematics Remedial Classes (**three days a week, 4:00 pm to 5:00 pm**) starting from **01st September 2025**.

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