THE SANSKAAR VALLEY SCH CONSENT FORM	OOL Sanskaa Valley School Preseded by School	d I
I parent ofof classs consent for my child to participate in payment as per the deadline.		
I have read all the details and agree to them. I permit the school to arrangements and plan for the program as required.	register my child, make travel	
Parent Signature Date		
Mobile Number of Parent		
Email Address of Parent		