

L.O.C.

Form No. _____ Issue Date _____
Child's Name _____ Class _____ Yr. _____ to _____
A.O. No. _____ Dt. _____ Admission No. _____ Admission Dt. _____
Father's Name _____ Tel. _____
Address _____
_____ Official's Sig. _____

Letter of Consent (L.O.C.)

Affix Recent
Color Photo
of Child

No _____

Date: _____

To,
The C.E.O.,
Sanskar International School™,
V. & P.O.Badripur, Haridwar Road,
Dehradun, Uttrakhand.

(Under-mentioned
Child's photograph)

Sir,

I understand that the security and safety of my child is one of the prime concerns of your 'Establishment'. Considering this, I am giving particulars and identifications of persons whom I authorize as Visitors/Guardians of my Son/Daughter. Their Photographs, Names, Addresses, Tel. Nos. & Relationships to my Child have been clearly stated by me **Overleaf**. They may be permitted to visit/take my Child, on my behalf and responsibility from the 'Establishment' premises on Leaves, 'Exeats', Vacations or any time for any purpose abiding by the Rules & Regulations of the 'Establishment'. My Child's details are as follows:-

Name - Mas./Miss _____

Class _____ Session _____ to _____ Date of Birth _____ This letter of Consent will remain effective till and whenever my Child remains admitted in your 'Establishment' or till the Concerned Authorities of Sanskar International School™ and myself mutually decide to revise it.

Thanking You,
Yours truly,

Signature _____ Name _____

(Father/Mother) _____ Address _____

_____ Date _____

FOR OFFICE USE ONLY

Remarks _____

A.O. No. _____ Dt. _____

ADMISSION NO. _____ ADMISSION DATE _____ SIGNATURE _____ DATE _____

C.E.O., Sanskar International School™
Dehradun.

S.N.	PHOTOGRAPHS of each Guardian (Attested by Parent of the Child)	Details of the Guardians who may be allowed to take the child from the 'Establishment' premises on behalf of the parents:
1.		Name _____ Address _____ _____ _____ Tel.No. (1) _____ (2) _____ Relationship to the child _____ Sig. _____
2.		Name _____ Address _____ _____ _____ Tel.No. (1) _____ (2) _____ Relationship to the child _____ Sig. _____
3.		Name _____ Address _____ _____ _____ Tel.No. (1) _____ (2) _____ Relationship to the child _____ Sig. _____
4.		Name _____ Address _____ _____ _____ Tel.No. (1) _____ (2) _____ Relationship to the child _____ Sig. _____

Parent's Particulars

Name _____

Address _____

Tel.Nos. (1) _____ | (2) _____

Relationship to _____ | Relationship to the child (i.e. Mother/Father): _____

All the above mentioned Guardians are well known to me & their particulars given above are true to my knowledge. Their Photographs have been identified and attested by me, and pasted above beside their Names, Address, Details, etc.

Photograph
(Self Attested):

(Signature of parent)

FOR OFFICE USE ONLY

Date

Remarks _____

ADMISSION NO. _____ | ADMISSION DATE _____ | SIGNATURE _____ | DATE _____