



**SRI SATHYA SAI VIDYA VIHAR**  
**Scheme No. 54, A. B. Road, INDORE(MP) 452 010**  
**Ph: 0731-2553023 E-mail : sai@sathyasaiindore.com**  
**CBSE Code: 50056 , CBSE Affiliation No.1030023**

### CONSENT FORM

To  
The Principal  
Sri Sathya Sai Vidya Vihar  
Indore

I give consent for my ward to attend the Summer Camp.

Name of the Student: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Scholar ID: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Mode of Transport Bus  Own Transport

Bus Stop: \_\_\_\_\_

Group 1: Preference 1 \_\_\_\_\_ Preference 2 \_\_\_\_\_

Group 2: Preference 1 \_\_\_\_\_ Preference 2. \_\_\_\_\_

Amount paid for activity fee only : Rs. 2700/-

Amount paid for activity with bus fee : Rs. 5000/-

Cheque No.: \_\_\_\_\_ Date: \_\_\_\_\_ Name of the Bank \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

**Kindly attach two passport size photographs of your ward with this form**



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**SWIMMING – CONSENT FORM (FOR CLASSES III – XII)**

To  
The Principal  
Sri Sathya Sai Vidya Vihar  
Indore

Student's Name: \_\_\_\_\_ Scholar No.: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_

Father's name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Contact number: \_\_\_\_\_

My ward is trained in swimming: Yes  No

If yes, is he/she an Intermediate / Expert: \_\_\_\_\_

Is the child suffering from any medical problem? Yes / No \_\_\_\_\_

If yes, mention the details: \_\_\_\_\_

I hereby give consent for my ward \_\_\_\_\_ of class \_\_\_\_\_ section \_\_\_\_\_

scholar no.: \_\_\_\_\_ to participate in Swimming activity.

Father's Sign: \_\_\_\_\_ Mother's Sign: \_\_\_\_\_

**UNDERTAKING BY THE PARENT**

**I confirm that my child knows swimming.**

Signature of Parent : \_\_\_\_\_