

**Dear Parents,
Greetings of the day!**

The school aims to provide multiple opportunities to our students for competing at different platforms. Hence we are sharing with you the schedule for the upcoming SOF Olympiads. All the interested parents to inform the class teacher through a diary note latest by _____. The class teacher will then give the consent form to your ward.

Once you receive the consent from through your ward you are requested to fill the consent form given to your ward along with the fees and return it to the Class Teacher positively by _____, _____.

Note:-

- 1. The charges for the Olympiads is 150/- per subject.**
- 2. You can enroll your ward in more than one subject.**

Sr. No.	Day	Date	Olympiad (Subject)	Eligibility
1.	Friday	04 th Oct. 2024	IGKO (G.K.)	Grade III to X
2.	Tuesday	08 th Oct. 2024	IEO (English)	Grade III to XII
3.	Tuesday	22 nd Oct. 2024	IMO (Math)	Grade III to XII
4.	Tuesday	12 th Nov. 2024	NSO (Science)	Grade III to XII
5.	Friday	20 th Dec. 2024	ICSO (Computer)	Grade III to X
6.	Tuesday	10 th Dec. 2024	ISSO (Social Science)	Grade III to X
7.	Tuesday	10 th Dec. 2024	ICO (Commerce)	Grade XI & XII
8.	Tuesday	17 th Dec. 2024	IHO (Hindi)	Grade III to X

**Thanking You,
Regards,**

**Ms. Sumita Minhas
Principal**

CONSENT SLIP (SOF Olympiads)

Parent Name _____ contact no. _____

Student Name _____ Class _____ Sec _____

As a parent I give my consent for my ward to appear for the Olympiads approved by me. I am sending Rs. _____ as the total amount towards the same.

- | | | |
|---|---|--|
| (1) <input type="checkbox"/> IGKO (150/-) | (4) <input type="checkbox"/> IMO (150/-) | (7) <input type="checkbox"/> ICO (150/-) |
| (2) <input type="checkbox"/> IEO (150/-) | (5) <input type="checkbox"/> ICSO (150/-) | (8) <input type="checkbox"/> IHO (150/-) |
| (3) <input type="checkbox"/> NSO (150/-) | (6) <input type="checkbox"/> ISSO (150/-) | |

PARENT SIGNATURE

DATE

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