

Date: 02/07/2019

C 24 (2019-20)

To,

Pre-primary and Primary School Parents (Nursery-Grade 7)

Dear Parents:

Greetings!

You are requested to fill in the details in the attached Authorization form.

Please fill in the details in Capital letters only.

Kindly submit the forms to the class teachers by Friday, 5th July 2019.

Thank you.

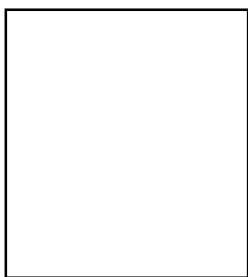
SVM Management.

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Authorization Card Details

Name of the Learner: _____ **Grade:** _____

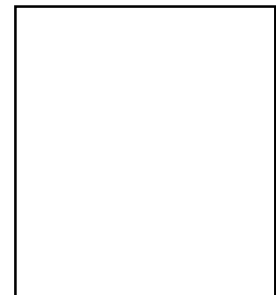
- Please affix Passport sized coloured photograph of members who will be authorized to pick up your ward.
- Do mention their Full name and relation with your ward.



Name: _____



Name: _____



Name: _____

Relation: _____

Relation: _____

Relation: _____