From
То
Shrine Vailankanni Senior Secondary School
9 Dhandapani Street, T.Nagar
Chennai 17
Respected Madam
I hereby give my consent for my son/daughter studying in Class
XII to attend classes. I understand that this is purely on a voluntary basis and I have
read and understood the SOP for attending the classes. I also assure you that my
child will wear face masks at all time and strictly adhere to the safety instructions
given from time to time. I will also keep the school informed of any illness and wil
not send my child to school in such an event.
Thanking You
Yours Truly
Place: Chennai Date: