BISHOP MORROW SCHOOL

FORM-6

ACTIVITY & PERMISSION REQUEST FORM

Student Name _____

Admission Number _____

Class _____ Section _____ Roll Number _____

Date of Birth ____ / ____ / _____

Parent/Guardian Name: _____

Relationship: □ Father □ Mother □ Guardian

Mobile Number: _____

Email ID: _____

Activity Request (Tick ✓ the appropriate activity)

□ Educational Tour / Excursion

□ Sports Participation

□ Cultural Programme

□ Inter-School Competition

□ Workshop / Seminar

□ Community Service / Social Outreach

□ Other School Activity (Please specify): _____

Activity Details

Name of Activity / Event: _____

Date(s) of Activity: ____ / ____ / _____

Venue: _____

Teacher / Coordinator (if known): _____

Permission / Consent

I hereby give my consent for my child to participate in the above-mentioned school activity.

□ I understand the rules and regulations governing the activity.

□ I agree to follow the instructions issued by the school.

□ I accept responsibility for informing the school of any medical condition, allergy, or special requirement.

Medical Information (if applicable)

□ No Medical Issues □ Allergy □ Asthma □ Medication Required

□ Other Medical Condition:_____

Declaration

I certify that the information provided above is true and correct. I give permission for my child to participate in the selected activity under the supervision of the school authorities.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____