

**D.A.V. INTERNATIONAL SCHOOL, MULUND**

**2024-2025**

**Std. I to VIII**

Ref.: DAV/Mulund/2024-2025/048

Date : 21.09.2024

Dear Parents,

We propose to conduct an **Eye Checkup** for students of **Std. I to VIII**, organized by the Lion Club of Bombay Sarvodaya Nagar and conducted by Team Bharat Dutt, on **Thursday, 3rd October 2024**, in the school premises during regular school hours.

Parents are requested to fill in the consent form in the format provided below and submit it to the Class Teacher **before 27th September 2024**.

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**Consent Slip to be filled by the Parent**

I allow my child,

**Name:** \_\_\_\_\_ **Class & Div:** \_\_\_\_\_

to participate in the Eyesight Checkup on 3rd October 2024.

**Name of the Parent :** \_\_\_\_\_

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

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**Instructions:**

Please use the above format to write the consent on a paper, sign it, and submit it to the class teacher by the due date.

Warm regards,

*Hema Nair*

**Hema Nair**

Officiating Principal

