## **Consent Form**

I Parent of	Roll No.:	of class	hereby give my consent
to enrol my ward for this i	initiative taken by DPS M	lathura Road and will	be paying the amount as set
by the school for availing l	Jnivariety Career counse	lling services every qu	arterly.
Regards,			
Parent Signature			
Name			
Contact Number:			
Residential Address:			