



Medi-Caps International School, Indore
Circular for the Parents of Classes I to XII

CIR/2026-27/33

Scholar No _____

July 02, 2026

SOF Examination 2026-2027

STUDENT CONSENT FORM

I _____ Parent/Guardian of _____ studying in Class/Sec _____ hereby declare that all the details mentioned are true to the best of my knowledge. I have read and understood the terms of participation governing the 2026-27 Olympiads and agree that I and my child shall abide by them. I've been informed about the Olympiad Examination details circulated through the Class Broadcast Group. The amount to be paid for each Olympiad exam is Rs. 170/-

My child would like to participate in (Please TICK the appropriate boxes)

SOF IGKO		SOF IEO		SOF ICSO		SOFIHO	
SOF IMO		SOF ISSO		SOF ICO		SOF NSO	

Total Amount to be deducted:

Please return the duly signed form to the school latest by 6th July 2026.

Note: Total amount will be deducted from pocket money of the child.

Date:

Student's Signature

Parent/Guardian Sign



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