



Medi-Caps International School, Indore
Circular for Parents of Nursery to Class XII Students

CONSENT FORM FOR Utsavika – परंपराओं के रंग, उत्सव के संग

CIR/2026-27/61

September 28, 2026

Dear Parent

Greetings!

Utsavika – परंपराओं के रंग, उत्सव के संग is scheduled as follows:

Date: 30th & 31st October

Time: 6:00 p.m. to 9:00 p.m.

I, the parent/guardian of _____, studying in Class _____, hereby give my consent for my ward to participate in the Utsavika Dance Performance.

I understand and acknowledge that:

1. I will ensure my ward's regular presence during the scheduled practice sessions and will provide full cooperation and support to the school management for the successful preparation of the event.
2. I am aware that on the day of the Garba Night performance, the participating students will come to the venue by school bus as per the arrangements made by the school.
3. I understand that school bus transport will not be provided for departure after the evening/night performance. Therefore, I undertake to be present at the venue personally and take my ward home after the event.
4. I am aware that the cost of the costume, as applicable, will be deducted from my ward's pocket money, as per the arrangements communicated by the school.

CONSENT

I give my consent for my ward to participate in the Garba Night Dance Performance:

☐ YES ☐ NO

Student's Name: _____

Class & Section: _____

Parent's Name: _____

Parent's Signature: _____

Contact Number: _____

Date: _____

Regards,
Team MIS