



Greenfields Public School

Dilshad Garden, GTB Enclave, Delhi 110093

CONSENT FORM

DATE: _____

I would like to inform you that I am giving consent for my ward
_____ of grade _____ to pursue the

ARC... A Novel Experiential Innocreative Pivot

Lab Courses provided by the school.

Sign of Parent _____

Father's Name _____

Address _____

_____ Phone No: _____

Note: Kindly contact HR Department in school for further information.