**ST. ANDREW’S COLLEGE OF ARTS, SCIENCE & COMMERCE**

**Bandra (W), Mumbai 400.050**

**PARENT’S CONSENT LETTER FOR ATTENDING OFFLINE LECTURES AS PER G.R NO. 2021/113/S.D-6 DATED 24 SEPTEMBER 2021 & MC letter Sr.No EOG/1727 DATED 29 SEPTEMBER 2021**

**Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stream: \_\_\_\_\_\_\_\_\_\_\_\_\_ S.Y.J.C. Div. \_\_\_\_ Roll No. \_\_\_\_\_\_\_\_\_\_\_\_**

To,

The Principal,

St. Andrew’s College, Bandra (W), Mumbai 400.050

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respected Madam,**

**This is to inform you that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent /Guardian of Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ studying in S.Y.J.C. Arts/ Science/ Commerce , Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_ have been given to understand that the College will be ‘Re-opening’ for Offline Lectures/Practical from Monday, 04 October 2021 as per** **G.R NO. 2021/113/S.D-6, dated 24 SEPTEMBER 2021** & **subsequent Municipal Commissioner Letter dated 29 September 2021 Sr.No EOG/1727**

**I give my whole-hearted consent and take full responsibility of my child/ward attending Offline Lectures in College.**

**I do understand and will also communicate to my child/ward that wearing a mask, regular hand sanitization and maintaining social distance is mandatory on the Campus and even while travelling to College and back.**

**I undertake NOT to send my child/ward if he/she or any member of my family is unwell. I also undertake NOT to send my child/ward to College if the Society/Building where I reside with my child/ward, who is a Student of your College, is under Quarantine as per orders received from the State Authorities/Municipal Corporation.**

Thanking You,

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of parent with date) Parent’s Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student’s Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_