|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl No | Student’s Name | Class / Section | Parent’s Name | \*Interest Area(s) | Days and Duration and specify timings | For Students (Specify classes)  Across KG to XII std within school hours | For Teachers/ Staff (Administrative, Drivers/Peons)  (This would be only after school hours) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**‘Parents our partners in Creativity’**

* **Please specify interest area (s) in any creative activity which you would like to conduct for our students (any class) and/or teachers or staff.**
* **The creative activities can be in the field of Personality Development, Soft Skills Development, Drama/Theatre Activities, Story Telling activities/ sessions, Workshops, Seminars etc in Gujarati/Hindi/English.**
* **You may contribute in more than one creative activity.**
* **Parents may wish to contribute in their individual creative capacity or in maximum groups of 5 parents.**
* **For each child please fill separate forms.**
* **Please note scheduling of individual/groups parent (s) sessions shall depend entirely on the number of forms and requests the school receives across Kindergarten to XII std.**

**Parents are requested to fill the form (hardcopy) and send the same along with your child to the respective Class Teacher latest by 20th June 2018.**

**Thanks Signature of Parent (s)/Guardian**

**Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**