

XAVIER COUNCIL



NATIONAL OLYMPIAD



OFFICE USE ONLY

Serial No. -

Regd. No. -

Session -

Date -

STUDENT CONSENT FORM

Student Name (Capital Letter) -

DOB / Age -

School Name (Capital Letter) -

Class -, Section -, Roll No. -, Gender - M F

Area -, Block -, District -, City -

Father Name -, Occupation - Cont. No. -

Mother Name -, Occupation - Cont. No. -

The participating student shall deposit Rs.150/- per one olympiad with the school which will retain the conducting charge and remit the balance to XC as per School Registration form .

My child would like to participate in (Plz tick the appropriate Box)

				Reg.	Book
International	G.K	Olympiad	(Class UKG to Std. X)	<input type="checkbox"/>	<input type="checkbox"/>
International	English	Olympiad	(Class UKG to Std. X)	<input type="checkbox"/>	<input type="checkbox"/>
International	Social Studies	Olympiad	(Class UKG to Std. X)	<input type="checkbox"/>	<input type="checkbox"/>
National	Science	Olympiad	(Std. I to X)	<input type="checkbox"/>	<input type="checkbox"/>
International	Math.	Olympiad	(Class UKG to Std. X)	<input type="checkbox"/>	<input type="checkbox"/>
National	Reasoning	Olympiad	(Class UKG to Std. X)	<input type="checkbox"/>	<input type="checkbox"/>

Total

In Words

I here by declare that all the details mentioned above are true to the best of my knowledge. I have read and understood the terms of participation governing the 2022-23 olympiads and agree that I and my child shall abide by them

Date :

Student Signature

Parent / Guardian Signature