



## JNANA GANGA CENTRAL SCHOOL

(Affiliated to CBSE New Delhi, Affi No.830212)

Gowri Hole, Bellare – 574212 Sullia Tq., D.K. Karnataka

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### DECLARATION BY PARENT GUARDIAN

To :

**The Principal  
Jnana Ganga Central School  
Near Gowri Hole  
BELLARE – 574212  
Sullia TQ D.K Karnataka**

**Madam,**

I \_\_\_\_\_ parent/guardian of my son/ daughter/ ward \_\_\_\_\_

Do hereby affirm that I have read all the rules and regulations of Jnana Ganga Central School and agree to abide by the same in respect of my ward.

. If after admission, my ward is found to be medically unfit at any time which might, according to the opinion of the appropriate medical authorities, render him unfit for pursuing his/her studies at school, he/she will be withdrawn at once.

He/She can be removed from the school if, in the Principal's opinion, she/he has failed to accept the discipline of the school or his/her continued presence is detrimental to the interest of other students and / or he/she fails to come up to the standard of his /her class and when detention in the same class will make the student a misfit among his/her classmates.

The school will not be liable for any damages/ charges on account of injuries which might be sustained by him/her while taking part in sports, extra-curricular or any other form of activities of the school, within or outside the school premises. All the expenses incurred in the treatment of injuries will be borne by me. I will not hold the school responsible for any untoward accident that might take place involving my ward. I will not put in any kind of compensation claim regarding such mishaps.

I agree to pay the annual fees during the academic year as mentioned in the rules and regulations. I understand that the amount once paid toward the annual fee will not be refunded to me under any circumstances. In case of withdrawal in the middle of the academic year I agree to pay all dues to the school before taking the Transfer Certificate.

The following are authorized to visit the student and/ or take / her out of the campus on specified days.

1. Father :

2. Mother:

3. Guardian:

Place: \_\_\_\_\_

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