



**CIRCULAR
CLASSES VI to XII**

Ref: JHPS/PAR/CIR/38/2024-25

DATE: 04.09.2024

Dear Parent,

Sub: Introduction of Squash Court.

We would like to inform you about the introduction of **Squash Court** in the school campus. The facility will be available to a limited number of students of the Jubilee Hills Public School only.

❖ The schedule and charges for the year are as follows:

CSA ACTIVITY

TIME	AMOUNT
12:15 p.m. to 2:20 p.m.	Rs. 1000

AFTER SCHOOL HOURS ACTIVITY

TIME	3 DAYS	6 DAYS
3:00 p.m. to 4:00 p.m.	Rs. 4000	Rs. 5000
4:00 p.m. to 5:00 p.m.	Rs. 4000	Rs. 5000

Note: Subject to minimum number of students in each session.

- Students are required to bring their own **Squash** Rackets.
- **Indoor shoes** and eye protector to be worn in the **Squash** court.
- Holidays will be as per the school holidays.
- Registration forms can be collected from school office.
- Submit registration form along with cheque /cash in favor of **JUBILEE HILLS SKILL DEVELOPMENT CENTRE**. Child's name, class & sec has to be mentioned behind the cheque and the same has to be submitted in the school office.
- Contact no – **9849996773** for further details.

Principal

-----Please tear here-----

CONSENT FORM - 2024-25

To
The Principal
Jubilee Hills Public School
Hyderabad

I, _____ parent of, _____ class/section _____ am
willing to send my child to the Squash Activity.

NAME OF THE PARENT _____ SIGNATURE _____ DATE _____

ADDRESS _____

PH. (OFF) _____ (R) _____ MOBILE NUMBER _____

Note: Utmost care is taken by the school for the safety of your child during the Sports coaching and in case of any unfortunate or unforeseen incident or Act of God, parents are requested to cooperate and try not to hold the school liable.

CONTACT
NUMBERS:
9849996773

SQUASH ACTIVITY
JHPS

PHOTO

Registration Form

Please write all the blanks in BLOCK Letters only

Name : _____	Preferred Timings : _____
Student/Service : _____	Date of Joining : _____
School Name, class : _____	
DOB : _____	<u>Declaration</u>
Nationality : _____	I hereby apply for JHPS Squash Activity and agree that I will abide the rules and regulations. I confirm that the information given on this application is correct. In the event of failure to do the above, my Registration may be cancelled immediately.
Parent's Name : _____	I understand that JHPS Squash activity will not be responsible for any accidental injury during the training.
Parent's Occupation : _____	_____
Home Address : _____	Student's Signature parent's signature

Mobile No : _____	Please return this form with 2 passport photographs (color)
(E-Mail): _____	
Company's Name : _____	<u>For Office Use Only</u>
Company's Address : _____	Application Received On : _____
_____	Application Received By : _____
_____	Date Of Issue : _____
Phone No : _____	Mode Of Payment : _____
Medical History (if any): _____	Receipt Number : _____
_____	Date of Enrolment : _____
Squash Background (if any): _____	<u>Note:</u> cheques to be drawn in favour of JUBILEE HILLS SKILL DEVELOPMENT CENTRE.

Preferred no of days : 3 days/ 6 days Public Holidays & every Monday are Holidays for Squash	