

Ref No- Cir/RBS/2015-16/No.26

Date-07/09/15

To: Parents (Class 5 to Class 8)

From: The Principal

Subject: Parent Education Workshop on "Inculcating positive attitude during adolescent

years"

Dear Parents,

Greetings!

Looking into the challenges faced by parents and teachers or any other adult in handling the children through the adolescent years and help them support through these crucial years, we have planned to conduct a parent education session with an expert faculty – **Dr.Nimrat Singh.**

"Dr.Nimrat Singh is a practising Clinical Psychologist and Human Behaviour Scientist and co founder of M/S Tangram – a human development centre in Ahmedabad. She has been associated with several premier educational institutes in the capacity of a counselor, trainer and subject expert."

The workshop will be conducted on 10th September 2015, Thursday between 5.00 pm to 6.30 pm at our Redbricks Junior, Satellite campus.

Though it has been intimated to you on a short notice looking into the availability of the expert faculty and the urgent need to address the subject., we request your active participation for the same.

Note: It is compulsory for at least one parent to attend this workshop.

In case of you are unavailable to attend the workshop, kindly speak to the School Principal by contacting the School Counselor at 9099900080.

Kindly send your confirmation, latest by 09th September 2015, Wednesday.

Thank you for your cooperation and support.

With Warm Regards,

Mrs.Sutapa Mishra
The Principal
Redbricks School

CONFIRMATION SLIP

Please submit your confirmation for the workshop to the class teacher/school counselor latest by **09**th **September 2015, Wednesday.**

Name of the Parent:
Child's Name:
Class:
No of people attending (please tick): \square one parent \square both the parents
Parent's Signature: Date:
CONFIRMATION SLIP
Please submit your confirmation for the workshop to the class teacher/school counselor latest by 09 th September 2015, Wednesday.
Name of the Parent:
Child's Name:
Class:
No of people attending (please tick): \Box one parent \Box both the parents
Parent's Signature: Date:
CONFIRMATION SLIP
Please submit your confirmation for the workshop to the class teacher/school counselor latest by 09 th September 2015, Wednesday.
Name of the Parent:
Child's Name:
Class:
No of people attending (please tick): \Box one parent \Box both the parents
Parent's Signature: Date: