Date: 25 July 2023

Dear Parents,

Greetings from RIS Dombivli!

External examination plays a crucial role in a student's life. It provides a platform for the students to build 21st century skills like critical thinking and problem solving. Competitive exams prepare students for their future global world. The schedule and fee details of various exams to be conducted by the Science Olympiad Foundation for 2023-24 are given below for your reference.

Sr. No	Grade	Name of Examination	Day	Date	Fee amount Rs.150 + workbook Rs.100 (Compulsory)	Cost of Study Material (optional)
1	1 to 7	International General Knowledge Olympiad (IGKO)	Tuesday	10-10-2023	Rs.250	NA
2	1 to 7	International Mathematics (IMO)	Tuesday	31-10-2023	Rs.250	Prep Guide Grade I –V RS.150 Grade VI-VII Rs.190 Previous Year Paper Rs.225
3.	1 to 7	International English Olympiad (IEO)	Thursday	2-11-2023	Rs.250	Prep Guide Grade I –VII RS.150 Previous Year Paper Rs.225
4.	1 to 7	National Science Olympiad (NSO)	Tuesday	05-12-2023	Rs.250	Prep Guide Grade I –V RS.150 Grade VI-VII Rs.190 Previous Year Paper Rs.225
5.	1 to 7	National Cyber Olympiad (NCO)	Tuesday	19-12-2023	Rs.250	NA
6.	3 to 7	International Social Science Olympiad (ISSO)	Thursday	18-01-2024	Rs.250	NA

Olympiad preparation guide and previous years' papers are also available with an additional cost as mentioned in the table above. Interested parents are requested to submit the consent for their ward in the form appended below and pay the fee in cash by 03.08.2023 at the Accounts Section to Ms. Prachi. Kindly carry the exact amount of fees for payment.

Regards,

Principal

CONSENT LETTER

Science Olympiad Foundation- Examination

I hereby give my consent for my ward (Name)_____of Grade _____
Section_____to participate in the SOF examination 2023-24.

Please tick (✓) the exam(s) opted for in the boxes given below:

NCO	NSO	IMO	IGKO	IEO	ISSO
☐	☐	☐	☐	☐	☐

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1. Exam Fee & Cost of Workbook_____
2. Study material: Guide_____+ Previous Years Papers_____
3. Total Amount Paid_____
4. Date of Payment _____

Parent's Name: _____
Signature:_____
Contact Number: _____
Date: _____