



OUR REF :

TRN : 100259955100003

DATE : Friday, 24th January 2025

**To : Parents of students studying in Years 9, 10 and 12 -
BEAT DIABETES WALKATHON @ ZABEEL PARK- 16TH FEBRUARY 2025
MORAL EDUCATION COMMUNITY INVOLVEMENT ACTIVITY PROJECT
PORTFOLIO**

Dear Parents,

Greetings from St. Mary's. We are writing to inform you that our school is participating in the **Beat Diabetes Walkathon 2025** at Zabeel Park. This will be counted towards the students MORAL EDUCATION PORTFOLIO for which students are being internally assessed . The event will take place in the morning on 16th February, 2025 at **Zabeel Park** . It will be followed by entertainment activities for all participants. The cost per participant is AED 20/- Parents are also welcome to register for the event with your child.

Year 12 students will add this to their community service hours which is a requirement for most International Universities.

You will have to give your consent for your child to attend this event, so we would ask you to kindly fill up the consent form below and send it back with your child latest by 30th January 2025 to be handed over to the class teacher during the morning registration with the exact amount of **AED 20/-**.

Students must be dropped to the venue at 8:00 am and picked up from the venue by 10:00 am.

They must wear the school sports track pants. Please make sure they carry water and wear a cap or a sun hat. We are awaiting confirmation of t-shirts from the organisers and will inform the children accordingly.

We are trying to provide our students with more opportunities to collaborate with local initiatives and become more community conscious about life in Dubai. We thank you for your support for these initiatives.

Yours sincerely,

Mr. Paul Asir Joseph
(Principal)



PLEASE TURN OVERLEAF



ST. MARY'S Catholic High School, Dubai

CONSENT FORM

I _____ parent of _____ studying
in year _____ GIVE / DO NOT GIVE * (* circle as appropriate) consent for my child to
attend the Beat Diabetes walkathon.

I am attaching (NOT STAPLING) exactly AED 20/- to this consent slip.

PARENT'S MOBILE : _____ EMAIL ID : _____

PARENT'S SIGNATURE: _____ DATE: _____

If you do consent to send your child, then please fill in these details for your child:

CHILD'S FULL NAME : _____

CHILD'S EMAIL ID : _____

PARENT'S MOBILE NUMBER : _____

CHILD'S DATE OF BIRTH : _____

GENDER: _____

NATIONALITY: _____

IS THE CHILD DIABETIC : _____ (YES or NO)