



## Parents' Feedback Form

1. Kid's name: OJAS SINGH RATHOD
2. Parents' name: Dr. RUCHIKA
3. Class: L.K.G. Session: 2022-23

4. Please give us your impressions about the following ( please tick (✓) which ever is applicable):

Number	Area	Excellent	Very good	Good	Satisfactory	Not satisfactory
1	Teaching	✓				
2	Discipline	✓				
3	Interaction with staff	✓				
4	Extra curricular activities	✓				

Remarks about the school:

Very good environment for kids.

Date : 28/03/2023

Signature: Ruchika