

IIS/CIR/009/2024-2025 10/05/2024

Dear Parents,

## "Greetings from IIS Family"

The school is always keen to create avenues for career orientation for students. In this regard, we are going to collaborate with Lifology, a leading service provider in this area. As part of this collaboration, we will be planning the following initiatives over the academic year:

- 1. Organize Education Fairs
- 2. One-to-One Comprehensive Counseling
- 3. Programme Selection Workshops
- 4. Career Guidance Workshops
- 5. Lectures by Keynote Speakers
- 6. Multiple Intelligence/Brain Mapping/Psychometric Tests
- 7. Academic Portfolio Preparation
- 8. Introduction to Study Destinations

We are keen to ensure that the program we develop meets the specific needs and aspirations of our students and parents. To achieve this, we would like to conduct a need analysis among both students and parents. Your valuable insights will help us tailor our initiatives effectively. Therefore, we kindly request you to take a moment to fill out the following Google Forms:

- Parent Need Analysis Form: https://forms.gle/9jj46KeVnF8zCfQn9
- Student Need Analysis Form: <a href="https://forms.gle/GSMS8269CHd4qzJC9">https://forms.gle/GSMS8269CHd4qzJC9</a>

Please complete the enclosed **Parent Consent Form**, mandatory for your ward's participation. Your involvement is crucial in shaping our career guidance initiatives.

Kindly ensure to submit the form by **May 13 2024**, and upload the signed consent form using the Parent Need Analysis Form link provided above.

**Note:** This programme at school is complementary and there is no extra fee to be paid for these services described, these are part of the school curriculum enrichment strategy.

Stay safe and healthy!

PRINCIPAL Ms. Qurat Ul Ain

## **Parent Consent Form**

## **Career Guidance Programme**

I,	, parent/guardian of	, enrolled
in (grade & division), Reg	g no: hereby	provide consent for my child to
participate in the career guidance program offered by International Indian School Ajman in		
collaboration with Lifology.		
I acknowledge that my child's partic consent to their involvement in IIS/CIR/009/2024-2025	•	1 0
I understand that as part of this programmer, and contact details may be shand support.		
I, hereby, authorize my ward to atte guidance. Furthermore, I am fully sup		
Parent Signature:	•••••	
Date:	••	