|  |  |
| --- | --- |
| Name of the School  |  |
| Name of the Principal |  |
| Principal’s Telephone Number |  |
| Principal’s Email address |  |
| Name of the appointed ISA Coordinator |  |
| Designation of the ISA Coordinator |  |
| Mobile number of the ISA Coordinator |  |
| Email address of the ISA Coordinator |  |
| Postal Address of the School |  |
| Names of the ISA committee in school |  |

I hereby confirm the participation of my school in the International School Award.

……………………………………………............. …………………………………………….............

Signature Head of School Signature ISA Coordinator

Date: Date: