VISHWA BHARTI PUBLIC SCHOOL, DWARKA
The March Is On...
CBSE Affiliated Senior Secondary School Ph No:-011-43177650/51
SESSION 2026-27

Cir No: - VBPS/DWK/2026-27/17 | Circular for classes VI to VIII | Date: - 12.08.2026

Subject: Participation in the "MATE Project for Emotional Health, Wellness and Resilience"

Dear Parents / Guardians,

We are pleased to inform you that our school, in collaboration with **AIIMS Delhi**, is introducing the **"MATE Project for Emotional Health, Wellness and Resilience"**. This initiative aims to enhance the emotional wellness, mental health, and resilience of our adolescents.

As part of this program, our school counsellor will conduct **four student workshops** (one consecutive month each) and **one parent workshop**. Each session will last approximately **two hours** in school premises during school hours.

The titles of the workshops are:

1. **Unboxing of Health and Wellness** (Students)
2. **Relationship with Self and Others** (Students)
3. **Happy Gut, Healthy Brain** (Students)
4. **Power of Choice** (Students)
5. **Your Home Shapes Your Brain** (Parents)

Important Points to Note:

- **Benefits:** Expected to improve student coping mechanisms, mental resilience, and emotional wellness.
- **Safety:** There is **no risk** associated with these workshops for either students or parents.
- **Confidentiality:** Individual student records will be kept completely confidential under **AIIMS Delhi** standards.
- **Voluntary Basis:** Participation is entirely voluntary. You can withdraw your ward from the project at any time without any penalty or loss of benefits.

We highly encourage your ward's participation in this beneficial wellness initiative. Please fill out the consent slip

Warm regards,

Prabha

Ms. Prabha Gupta
Principal

PARENT CONSENT SLIP

I, Mr. / Mrs. / Ms. _____, parent/guardian of

_____ studying in Class: ____Section: _____, have read and understood the details of the MATE Project.

Hereby, I give permission for my ward to participate in the project MATE workshops.

Parent's Initials / Signature: _____

Date: _____

Contact Number: _____