



OUR REF :

TRN : 100259955100003

DATE : Friday, 16th January 2026**To : Parents of students studying in Years 9, 10 and 12****BEAT DIABETES WALKATHON @ZABEEL PARK - 8th FEBRUARY, 2026
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 2026** 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 8th February 2026 at **Zabeel Park**. Students must reach there by 8:00 am sharp. 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 28th January 2026 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 have attached the size chart for the T-shirts to help students choose the correct size.

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,

A handwritten signature in black ink.

Mr. Paul Asir Joseph
(Principal)



ST. MARY'S Catholic High School, Dubai

CONSENT FORM – BEAT DIABETES WALKATHON

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. T-SHIRT SIZE _____

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)

T-SHIRT SIZE: _____

T-SHIRT SIZE GUIDE

MENS ROUND NECK MEASUREMENT (IN INCHES)						
	XS	S	M	L	XL	2XL
LENGTH	24	26	27	28	29	30
CHEST	18	19	20	21	22	23
SLEEVE LENGTH	8	9	9 1/2	9 1/2	10	10
SHOULDER	16	17	17	18	19	20
ARM HOLE	8	9	9	9 1/2	10	10

WOMENS ROUND NECK MEASUREMENT (IN INCHES)					
	XS	S	M	L	XL
LENGTH	22	23	24	26	27
CHEST	16	17	18	19	20
SLEEVE LENGTH	7 1/2	8	8	9	9 1/2
SHOULDER	14	15	16	17	17
ARM HOLE	8	8 1/2	8 1/2	9	9