





School Consent Letter

SNOT 2025-2026

I	Princ	cipal /Director/ Owner
of		(School Name)
hereby grant my	consent to conduct the SNOT Oly	mpiad (StudynLearn
National Olympiad	Test) in my school in the academic ye	ear 2025 – 26.
Your Name:		
Your Signature: _		
School Stamp:	Date:	