



CIRCULAR
PERFORMANCE ENHANCEMENT CLASSES
CLASSES IV TO X

Ref: JHPS-R/CIR/PAR/07/2025-26

DATE: 30.06.2025

Dear Parent,

Sub: Conduct of Performance Enhancement Classes.

We have observed that some students need to improve their academic performance at extended hours as they are not able to grasp the subject due to some reasons during the regular classes and cope up effectively with the set academic standards.

We have therefore made efforts to identify such students and decided to give that additional attention individually through **Performance Enhancement Classes** during the extended hours by providing them with additional coaching and exposing them to various resources to enable them to comprehend the subjects, reinforce the topics and enhance their performance.

These classes are planned in the interest of these selected students at the school during extended hours. The parents are requested to **avail this facility at the school.**

The Performance Enhancement classes are scheduled as follows:

AREAS	STRATEGIES
* Objective	* To help the students to perform academically better with individual attention.
* Reinforcement	* Simplify concepts. * English Grammar, Spellings and Handwriting. * Practice work sheets in the relevant subjects. * Educational videos of relevant topics. * Teach through Mind Maps and flow charts. * Discuss board papers for Grade X.
* Assessment	* Conducting test after every concept. * Review of the test.
* Coordination	* Update the parents and the class teachers about the progress.

Duration:	10.07.2025 to 29.01.26 (3.00 p.m. to 4.30 p.m.)
Days :	Tuesday & Thursday (CLASSES IV TO X)

Note: Performance Enhancement classes will commence subject to a minimum number of 5 students per class per subject.

TRANSPORT

	Remarks
For school transport students	No payment required. Buses will ply on limited routes and stops.
Own transport students	<ul style="list-style-type: none">• Please make your own arrangement for the pickup of your ward.• Own transport students who would like to utilize school transport during remedial classes are requested to pay the amount of Rs7000.(Rs 1000 per month)• Limited routes and stops

Kindly fill up the consent forms as per the **bus routes mentioned overleaf** and send it across to us by **07.07.2025** positively.

Principal

BUS ROUTES for the year 2025-26 (For Remedial Classes)

TT1			TT2
SNO	ROUTE STOP	SNO	ROUTE STOP
1	KRUPA COMPLEX	1	KAREEMGUDA MAIN ROAD
2	CANARA BANK SAINATHPURAM	2	RAMPALLY POCHAMA TEMPLE
3	CROMA AS RAO NAGAR	3	RAMPALLY VILLAGE
4	ECIL X ROAD	4	ANNOJIGUDA VILLAGE FLYOVER
5	OPP MAHENDRA SHOWROOM KUSAIGUDA	5	NARAPALLY BUS STOP
6	NAGARJUNA NAGAR COLONY MAIN ROAD		
7	RELIANCE SMART POINT CHAKRIPURAM		
8	ROYAL ENFILD SHOWROOM, NAGARAM		
9	NAGARAM X RD		
10	ST PETERS SCHOOL		
11	SIGN HOSPITAL		
12	NEAR TRENDS RL NAGAR		
13	REQUALFORD SCHOOL		
14	RAMPALLY POCHAMA TEMPLE		

TT3			TT4
SNO	ROUTE STOP	SNO	ROUTE STOP
1	SHIVAREDDY GUDA	1	PRAJAY SAI GARDENS
2	GHATAKESAR	2	BANDLAGUDA X RD
3	PARIVAR RESTURANT	3	CHEERYAL GRAMPANCHYAT ROAD,
4	KONDAPUR	4	BITS CAMPUS
5	JUNNARAM COLONY		

CONSENT FORM

Date: _____

I _____, Parent of _____ with admission number of _____ class _____ agree to send my child for the performance enhancement classes provided by the school.

I understand that my child needs assistance are as follows:

Maths / Science / Social Science/II Lang/English

Transport _____ : School Transport/Own Transport

Evening Bus Route No: _____ Evening Bus Stop: _____

(Please mention as per the routes & stops given)

Signature of the parent: _____

Name of the parent: _____

Phone number: _____

Note: Return the consent form on or before 07.07.2025 to the class teacher.

CONSENT FORM

Date: _____

I _____, Parent of _____ with admission number of _____ class _____ agree to send my child for the performance enhancement classes provided by the school.

I understand that my child needs assistance are as follows:

Maths / Science / Social Science/II Lang/English

Transport _____ : School Transport/Own Transport

Evening Bus Route No: _____ Evening Bus Stop: _____

(Please mention as per the routes & stops given)

Signature of the parent: _____

Name of the parent: _____

Phone number: _____

Note: Return the consent form on or before 07.07.2025 to the class teacher.

CONSENT FORM

Date: _____

I _____, Parent of _____ with admission number of _____ class _____ agree to send my child for the performance enhancement classes provided by the school.

I understand that my child needs assistance are as follows:

Maths / Science / Social Science/II Lang/English

Transport _____ : School Transport/Own Transport

Evening Bus Route No: _____ Evening Bus Stop: _____

(Please mention as per the routes & stops given)

Signature of the parent: _____

Name of the parent: _____

Phone number: _____

Note: Return the consent form on or before 07.07.2025 to the class teacher.