CIRCULAR
PERFORMANCE ENHANCEMENT CLASSES
CLASSES VI to X

Ref: JHPS-R/CIR/PAR/17/2026-27 DATE: 27.08.2026

Dear Parent,

Sub: Conduct of Performance Enhancement Classes

We have observed that some students need to improve their academic performance at extended hours 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.
*** Assessment**	* Conducting test after every concept. * Review of the test.
* **Coordination**	* Update the parents and the class teachers about the progress.

Duration:	**03.09.2026 to 28.01.2027 (3.15 p.m. to 4.30 p.m.).**
Days :	**Tuesday, Thursday (CLASSES VI TO X).**

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

TRANSPORT

Existing School transport Students	Rs. 1,300 per month.	• Subject to minimum number of students per route. • The school may arrange school bus or vans depending on the number of students. • In case, the number of students is not sufficient, parents are requested to find an alternate own transportation.
Any other Students	Rs. 2,600 per month.	

Transport payment details:

Cash/ Cheque payable to "**Jubilee Hills Public School Bus Fee Collection" (One time payment of full amount).**

Kindly fill up the consent forms as per the **bus routes mentioned overleaf** and send it across to us by **31.08.2026** positively.

JHPS-R

P.T.O.

BUS ROUTES for the year 2026-27 (For performance enhancement Classes)

TT1			TT2
S.NO	ROUTE STOP	S.NO	ROUTE STOP
1	REQUALFORD SCHOOL	1	KAREEMGUDA MAIN ROAD
2	NEAR TRENDS RL NAGAR	2	RAMPALLY POCHAMA TEMPLE
3	SIGN HOSPITAL	3	RAMPALLY VILLAGE
4	ST PETERS SCHOOL	4	7 HILLS MAIN ROAD
5	NAGARAM X RD	5	SINGAPUR TOWNSHIP
6	ROYAL ENFILD SHOWROOM, NAGARAM	6	ANNOJIGUDA VILLAGE FLYOVER
7	RELIANCE SMART POINT CHAKRIPURAM	7	MEDIPALLY MAIN ROAD
8	MMR SCHOOL NAGARJUNA COLONY	8	NARAPALLY BUS STOP
9	KUSHIGUDA MAIN ROAAD	9	BODUPPAL MAIN ROAD
10	ECIL X ROAD		
11	RADHIKA X ROAD		
12	CROMA AS RAO NAGAR		
13	CANARA BANK SAINATHPURAM		
14	KRUPA COMPLEX		

	TT3
S.NO	ROUTE STOP
1	SHIVA REDDY GUDA
2	GHATAKESAR
3	PARIVAR RESTURANT
4	BOKKENGUDA COLONY
5	NFC COLONY
6	KONDAPUR
7	JUNNARAM COLONY

	TT4
S.NO	ROUTE STOP
1	CHEERYAL GRAMPANCHYAT ROAD
2	BANDLAGUDA X RD
3	PRAJAY SAI GARDENS
4	NAGARAM
5	DAMMAIGUDA

Note: The above routes and stops are subject to change/discontinue based on number of students opted for bus facility.

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.

The subjects in which my child needs assistance are as follows :

Subjects offered (Classes **VI to X**) : Maths , Science and Social Science

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 31.08.2026 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.

The subjects in which my child needs assistance are as follows :

Subjects offered (Classes **VI to X**) : Maths , Science and Social Science

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 31.08.2026 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.

The subjects in which my child needs assistance are as follows :

Subjects offered (Classes **VI to X**) : Maths , Science and Social Science

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 31.08.2026 to the class teacher.