

MATA PUNNA DEVI DAV SEN. SEC. PUBLIC SCHOOL , KALANWALI

Dear Parents,

This is to inform you that as per the instructions from the Directorate School Education, Haryana, we are going to start offline classes for the students of classes 6th to 8th w.e.f Thursday 4th February 2021. This requires your consent. Following instructions are to be followed strictly in this regard:

1. Send your consent as per the form given below, being sent to you through whatsapp, which is also available on school's website. Without your consent students will not be allowed to attend these offline classes.
2. Send fitness certificate from Registered Medical Practitioner stating that your ward is not having any symptom of Covid-19.
3. Send them with Face Mask, Hand Sanitizer, Water Bottle, Napkins/Handkerchief (for wiping hands), books and notebooks. Educate them to not to share/exchange their belongings with peers/classmates.
4. Send them in winter uniform.
5. Ask them to practice physical /social distancing in the school & to ensure it, the school has planned separate entry & exit for boys and girls. Students will be allowed to enter the school after thermal screening. School timings will be 10:00 am to 1:30 pm without Morning Assembly and Recess.
6. Please ensure your ward's personal hygiene.
7. As School transportation has not been permitted, you will have to arrange pick and drop of your ward.
8. Download Aarogya Setu App and if your house is in Containment Zone or any member of your family is unwell, don't send your ward to the school.
9. Online classes will continue for the remaining classes till further information.

Regards

MATA PUNNA DEVI DAV SEN. SEC. PUBLIC SCHOOL, KALANWALI CONSENT OF PARENTS

To

The Principal

Mata Punna Devi Sen Sec Public School

Kalanwali

Dear Madam,

I _____ Father /Mother/ Legal Guardian of _____ student of Class _____ do hereby give my consent to my ward to go to school and attend offline classes.

1. I confirm that our locality is not in Containment/ Red Zone.
2. As parents we will arrange conveyance for our ward with all precautions.
3. I agree that on any date when my ward has any one of the symptoms of Covid-19 then he/she will not attend the school.
4. I assure that my ward will follow all instructions issued for the safety of the students in the school. He/she will not break any rule in this regard.

Name of the parents /legal guardian _____

Signature of the parents / legal guardian _____

Full Address: _____

Mobile No. of the parents / legal guardian _____

Date _____