

VIDYA BHARATI SCHOOL Surya Nagar, Ghaziabad, U.P.

Circular No. VBS/CIR/2020/09

Date :12.10.2020

CONSENT OF THE PARENTS OF STUDENTS (X, XI & XII ONLY) TO ATTEND SCHOOL FROM 19TH OCTOBER 2020 ON A VOLUNTARY BASIS

Dear Parents Greetings!

This is to inform you that as per Government Order dated 1st October 2020, Schools have been granted permission to **reopen for class X, XI & XII from Monday, 19th October, 2020**. This is to request you to kindly send your consent for your ward to attend Classes on the Campus. **This is a voluntary consent**. Please note that online classes will be held as usual. *It is however **MANDATORY that any student attending physical classes have Parental Consent**.*

The schedule of offline classes would be shared soon. Initially students will be called for a short duration and all the directives of Standard Operating Procedures regarding hygiene, social distancing and thermal checking etc. will be strictly followed. However, school will not be responsible for any consequences later in the current scenario of COVID-19.

We expect that students are already equipped with knowledge of all norms required for these unprecedented times of the pandemic.We look forward to a fruitful exchange of learning outcomes during these physical classes. **Kindly fill and Sign the consent form given below**.

Regards

DR. MANJUSHA JOSHI PRINCIPAL

CONSENT FORM

Name of Ward: Class of Ward: Roll Number: Father's Name: Mother's Name: Address :

I,..... Father/Mother/Guardian of..... reading in Class...... Secgive my CONSENT for my ward to attend the physical classesto be held on Campus from 19th October 2020 as per time schedule. I will ensure all safety measures at home and send ward only if he / she is healthy and fit.

And indemnify that school will not be held responsible for any consequences later in the current scenario of COVID-19 as school is strictly following all directives of Standard Operating Procedures regarding hygiene, social distancing and thermal checking etc.

Father's SignatureMother's Signature Name: Name: Date: