



GIRLS' HIGH SCHOOL & COLLEGE, PRAYAGRAJ

PHYSICAL (offline) CLASSES FOR STUDENTS OF CLASSES I to V

Dear Parent,

As per the instructions received from the Dept. of Secondary Education, the School is likely to hold classes for students of classes I to V, for which the students will be required to visit the school physically, while the virtual and online classes will continue as usual-

It is mandatory for each one of you to fill your option and drop it in the Drop Box, failing which her name might not appear in any list.

State your option by tick marking in the relevant box below and drop it in the drop box at the main gate, last date being 30-08-2021.

1. I agree to send my ward _____ of Class ____ and give consent for her to physically attend the teaching classes & write the exams offline in School.
2. I do not agree to send my ward _____ of Class ____ and do not approve of her physically attending teaching Classes or writing the exams. She will, however, attend virtual classes & give her exams online.

(If you wish to send your ward for Physical (offline) Classes, please fill the consent form below

Annexure-1

PARENT'S CONSENT FORM For Physical (offline) Classes

I _____ F/o _____
Class _____ Adm. No. _____ of my own free will and in a state of full consciousness, give consent to my ward for attending Physical (offline) Classes that the institution is likely to open for classes I to V.

I fully understand and undertake

1. That my daughter is fit and healthy to attend the voluntary classes & has no symptom of Covid-19 (fever, cough, breathlessness, etc) and is not a risk to the other students attending the classes.
2. That if at any point of time, my ward is unwell/develops symptoms suggesting infection of any contagious disease, I will immediately report to the school & discontinue her from attending the classes.
3. That my ward will follow all the instructions and guidelines of the Govt. & the School, failing which, the institution has absolute authority to bar her from attending the Physical classes.
4. That my ward will, at all times, wear mask, keep & use sanitizer and follow social distancing strictly. She will not share eatables, water-bottles, stationery items etc. with anyone.
5. I will not hold the School responsible for any unforeseen event or if my ward tests Covid positive at any time.

NAME OF THE PARENT:

ADDRESS:

OCCUPATION:

MOBILE No. :

DATE:

Full Signature of Parent
(Father/Mother)