

Reopening of the School
Consent/Declaration by the Parents

(to be filled by all parents before sending their children to attend physical school, when the school re-opens)

To,
The Principal,
Amrita Vidyalayam, Juinagar

Dear Madam,

This is to state that my child Ms/Mast. _____ is studying in Std.
_____ Div. _____ in your School.

I hereby confirm and give my consent that my child will attend the school as per the time-table given by the school.

I confirm that my child is not suffering from any major disease and does not have any symptoms related to Covid-19.

I also understand that the School has taken all the necessary safety measures for the students and will follow the SOP as provided by the state government.

I undertake that I will abide with all the Rules & Regulations of the School and follow the guidelines as given by the school. In case my child or any member of my family show the symptoms of COVID 19, I will not send my child to the school.

I fully understand that failing to follow the guidelines may lead to a severe risk to me, my family, other students, and the school.

Regards,

HAS TO BE FILLED ONLY IF YOU ARE NOT WILLING TO SEND YOUR CHILD TO SCHOOL

I do not wish to send my child to the school for attending physical classes.

Mention the Reason:

Name of the parents' :-

Father: _____

Mother: _____

Mobile No. _____ Date: _____.

Signature of both parents:

Mother's Signature: _____ Father's Signature: _____