CH.CHHABIL DASS PUBLIC SCHOOL, GHAZIABAD

August 10, 2021

ccdps/21-22/101

Dear Parent,

In compliance with the directions of the UP state government the school is going to open for physical offline mode of teaching, keeping the covid protocols, w.e.f. 16/08/2021.

Kindly take note of the following:

- 1. All students must carry a consent letter for attending the classes on the format provided by the school.
- 2. Compulsory wearing of masks all the time by the students.
- 3. The students must carry their own water bottle and lunchbox to school. No sharing of lunch or drinking water from the same bottle will be allowed.
- 4. The students should maintain proper distance while arrival, dispersal or while moving through the corridors.
- 5. School will run from Monday to Friday and the timings would be from 8:15 a.m. to 1:30 p.m.
- 6. Transport facility will not be available to students in the month of August.
- 7. Transport will be made available from 01/09/21, only after parents give their written consent and make advance payment for the month. Part payments will not be accepted and refund will not be given.
- 8. The school will follow all the protocols given by the government which includes facilities for sanitization, controlled entry in the washrooms, maintaining physical distance in the classrooms and while movement through the corridors.

Regards,

Tripti Mawri

Principal

CONSENT FOR OFFLINE CLASS (AUG 16, 2021 ONWARDS)

I .			Father/	Mother/	Guardian	of
	studying in class give my consent					nt /
don'	t give my consei	nt for my ward to	attend th	e physical	classes to be l	held
on c	ampus. I will ei	nsure all safety m	easures a	at home an	d send my w	ard
only	if he/ she is heal	thy and fit.				
1.	. My ward expe	rienced any of the	sympton	ns given be	low in the las	t 14
	Sore Throat	YES/NO	Diarr	hoea	YES/NO	
2.	. My ward trave	elled outside India	in the las	st 14 days: -		
	YES	NO				
3.	. My ward is cu	ırrently on medic	cation for	any of the	e below illnes	s of
	PERTENSION / ss or conditions:	DIABETIES/ AS	STHMA	/ CANCE	R or any of	ther
Fath	er's Name	Mot	Mother's Name			
Fath	er's Signature_	Motl	ıer's Sigı	nature		
Date	,					