

ST. JOHN'S SR. SEC. SCHOOL, BUNDI ROAD, KOTA - 8 (RAJ.)

(INSTRUCTIONS / CONSENT FORM)

Name of your ward: _____

Class: _____ Section: _____

Father's Name: _____

Mother's Name: _____

Contact No. _____

I _____, Father/Mother/Guardian of _____ studying in class _____ give my CONSENT for my ward to attend the School.

I will ensure all COVID-19 safety measures and send my ward only if he/she is healthy and fit. I will ensure that my ward strictly follows the set protocol for safety. I will ensure that he/she wears the Mask everyday (and will carry an additional extra, if one gets lost or soiled) and sanitizer with Water bottle.

My ward will be dropped and picked by Me or by some other conveyance

I understand and acknowledge that the school will not be held responsible in case my child gets infected.

I have read the notice/guidelines sent by the school on class WhatsApp group and will abide by the same.

School will run for 3 hours (9:30am to 12:30pm) continuously without any Lunch Break. So please send your child accordingly. School uniform is not compulsory.

Father's Signature

Mother's Signature

(Name: _____)

(Name: _____)

Date: _____