

**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/transport facility required Yes/No. (Tick the appropriate option)**

**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 (8:30am to 11:40am) with 15 minutes break. So please send your child with light snacks.**

Father's Signature

Mother's Signature

(Name: \_\_\_\_\_)

(Name: \_\_\_\_\_)

Date: \_\_\_\_\_