



## **CIRCULAR REGARDING COMMENCEMENT OF OFFLINE SCHOOL**

**Circular No: GRJPS/2021-22/017**

**Date: 28<sup>th</sup> August 2021**

**Dear Parents**

It is to inform you that the school will commence its offline classes from 31<sup>st</sup> August 2021, Tuesday for class XII. There will be both offline and online classes for the students.

**Offline Classes Timings- 8:30 am to 10:30 am** (Practicals in the school)

**Online Classes Timings-11:30am to 3:00 pm**

The students who are coming to take Classes should follow the Covid-19 Protocol.

1. No entry will be given without Mask.
2. The students are required to submit consent form duly signed by their parents daily at the gate before entering the School. (The consent form is attached on II<sup>nd</sup> page)
3. Carry One-Hand Sanitizer.
4. Follow six Feet Social Distancing while you are in the school premises.
5. Bring your own water-bottle.
6. Don't share your lunch with your friends.

**“MAINTAIN COVID APPROPRIATE BEHAVIOR”  
“STAY SAFE” “STAY HEALTHY”**

**Sincerely Yours**

**Team GRJPS**



## CONSENT FORM FOR SENDING MY CHILD TO SCHOOL

As a sincere parent of Gitarattan Jindal Public School, Rohini, Delhi and a responsible citizen of India, I understand that sending children to schools is completely at the discretion of the parents. I agree and accept the fact that Gitarattan Jindal Public School, Rohini, Delhi has taken all possible measures to provide a safe and secure community to its students, staff and visitors. However, since it is practically not possible for the school to prevent all risks of infection, I in all my conscience, willingly give the following consent –

- I understand that I am free either to send or not to send my child to school.
- By submitting this Consent Form, I am agreeing to sending my child to school voluntarily.
- In case of symptoms of COVID-19 surfacing in my child, I shall take him/her away from the school immediately and I shall send him/her back to school again only when he/she completely recovers from COVID-19. I understand and accept the fact that I shall have to submit an RTPCR negative COVID-19 test report to the school when my child joins back school.
- I understand and acknowledge that my ward will have to carry everyday to school a mask (an additional extra if one gets lost or soiled) and sanitizer.
- I also understand that everyday there will be temperature check at the school gate and any child with temperature of more than 1000 F, will either be sent back with the parents (If they come with parents) or made to sit in the isolation room and parents inform to come and take them home.
- I will ensure that my child follows all hygiene norms and health related guidelines of the school at all times.
- I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contacting COVID-19. Hence, I shall not hold the school responsible, if in case my child gets infected by it in future.
- I accept full responsibility for bearing all medical and hospital expenses and any other related expenses resulting out of my child getting the infection.
- I hereby undertake not to initiate any legal action for damages or any other criminal action of any nature whatsoever against the school authorities and management in the event of my ward or anyone else contacting Covid-19 and consequences thereof.

## DECLARATION AND CONSENT

I, ....., father/mother of ..... studying in your school in Class....section.... having registration no..... agree to abide by all the points stated above concerning COVID-19 or related issues as amended/updated from time to time by the school and communicated via SMS, E-mail or WhatsApp to students and parents. I hereby certify that my child is not COVID positive and my child has my consent to attend the school. I, accept and declare that though the school is taking all possible measures to check possibilities of infection yet in case my child back to school only when he/she is completely cured from Covid-19 and is certified accordingly.

Name of Parent Mr. / Ms.....

Sign with date .....