

St. Cecilia's Public School(Minority)

(Sr. Sec. Recognised and Affiliated to CBSE)

F-Block, Vikaspuri, New Delhi – 18.

Tel: 45535761-62, 28536267

Ref. No. St. CPS/2021/22/SP/26 Circular Date: 30.10.2021

Subject: Parent's Consent for Offline Classes for Classes Nursery – VIII

Dear Parents,

The DOE has issued instructions through Circular No. DE.23(08)/Sch.BR/2021/611 dated 29.10.2021 to call the students of Class Nursery to VIII to the school which is subject to consent of the parents following the Standard Operating Procedure. In case you are interested that your ward attends the classes while following SOP, you may kindly submit your consent through email to the class teacher immediately. The relevant guidelines for offline classes will be intimated in due course of time. The dates of commencement of Offline (School) classes will be informed after receipt and review of consent forms from parents.

Principal

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Parent's Consent Form (For Attending School Offline)

The Principal
St. Cecilia's Public School (Minority)
F – Block, Vikaspuri, New Delhi – 18

Subject: Consent regarding attending of school (Offline) by my ward _____

With reference to the subject mentioned above, I _____,
Father/Mother/Guardian of _____ (Name of the student), Class/Sec.
_____, Student ID. _____ am hereby pleased to give my consent and allow my ward
to attend the school for classes and related activities. I will send my ward to the school wearing a mask
and sensitize him / her to maintain social distancing, sanitize his/her hands from time to time, follow
COVID Appropriate Behaviour (CAB), not to share books, note-books, stationery items, Tiffin box, etc.

I will also ensure that I shall not send my ward to school in case my ward or anyone in the family is
suffering from COVID-19 symptoms.

I hereby undertake strictly, to adhere to the instructions of the school. I also, affirm that in case of any
infection to my ward, the School Management shall not be held responsible/liable.

Signature of Parent/Guardian _____

Parent/Guardian's Name _____

Mobile No. : _____

Date: _____