

**St. Cecilia's Public School (Minority)**

(Sr. Sec. Recognised & Affiliated to CBSE)

F – Block, Vikaspuri, New Delhi – 18

Tel.: 45535761, 45535762

Ref. No. St. CPS/2021/22/SP/13

Circular

Date: 16.08.2021

**Subject: To call the students of Class X TO XII to school, Confirmation & Consent of the Parents, thereof:**

**Dear Parents,**

The DOE has issued instructions through Circular No. DE.23(3)/Sch.Br./2021/430 dated 09.08.2021 to call the students of Class X TO XII to the school to conduct certain specific activities pertaining to guidance/ Practical work, etc. w.e.f. 09.08.2021 which is subject to consent of the parents following the Standard Operating Procedure. In case you are interested that your ward attends the class while following SOP, you may kindly submit your consent through email to the class teacher immediately. The relevant guidelines for offline guidance/ Practical classes will be intimated in due course of time. The dates for commencement of Offline (school) guidance/Practical classes will be informed after receipt and review of consent forms from parents.

**Principal (Acting)**

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**Consent Form for Offline Teaching**

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

I \_\_\_\_\_ Father/Mother resident of \_\_\_\_\_ agree to allow my ward named \_\_\_\_\_ of Class \_\_\_\_\_ to attend school from the date as may be decided by the School.

**INSTRUCTIONS TO BE FOLLOWED BY PARENTS/STUDENTS:**

1. Before departure to school check temperature of your ward daily.
2. To provide face mask to be worn throughout during travel and in the school.
3. To maintain appropriate social distance.
4. To bring own drinking water.
5. To bring own sanitizer.
6. To maintain discipline and decorum.

**UNDERTAKING**

I \_\_\_\_\_ Father/Mother of \_\_\_\_\_ of class \_\_\_\_\_ do hereby undertake to strictly 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** \_\_\_\_\_

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

**Father's Name** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_