

# **BANASTHALI PUBLIC SCHOOL**

G-Block, Vikas Puri, New Delhi-110018

Circular No. BPS/21-22/63

Dated: 08.09.2021

## **APPLICABLE FOR CLASS X / XII**

### **CLASS X / XII: CONSENT FORM TO ATTEND SCHOOL CLASSES & ACTIVITIES, 2021-22**

Dear Parent,

Greetings from Banasthali Family.

You are requested to submit the **duly filled Consent Form** (Annex. 1) of your ward to attend the School for offline classes and other related activities in the Session 2021-22.

Following is the schedule to be followed:

S. NO.	CLASS	DATE (DAY)	TIME
1	X	10 <sup>th</sup> September 2021 (FRIDAY)	1:30 p.m. – 2:30 p.m.
2	XII	11 <sup>th</sup> September 2021 (SATURDAY)	9:00 a.m. – 10:00 a.m.

#### **Kindly Note:**

- It's **REQUIRED TO WEAR MASKS AND SCREEN SHIELDS.**
- **CARRY BLUE BALL PEN** and Paper to note any important information.
- Kindly clear the Fee Dues up to September 2021. (Please Ignore If Already Paid).
- Adhere to the timings strictly as the school is determined to maintain social distancing.
- NO OTHER DAY/TIME SLOT WILL BE ALLOCATED TO ENTERTAIN.
- **PARENTS ARE REQUESTED TO TAKE THE PRINTOUT & SUBMIT THE DULY FILLED COPY OF THE CONSENT FORM.**

Enjoy Learning! Stay Healthy!

Principal

**CONSENT FORM, SESSION 2021-22**  
**NO MASK-NO ENTRY IN THE SCHOOL**

To,  
The Principal  
Banasthali Public School,  
G-Block, Vikas Puri, New Delhi-18

**Subject: Consent for attending the School by my ward in the Session 2021-22.**

With reference to the subject mentioned above I, \_\_\_\_\_ Father/  
Mother / Guardian, of Mst./Ms. \_\_\_\_\_ (Name of the student),  
Class/Sec. \_\_\_\_\_ Roll No. \_\_\_\_\_ Adm. No. \_\_\_\_\_ am hereby give my consent  
and allow my ward to attend the school for Offline teaching classes and related activities.

If I send my ward, he/she will be wearing a mask and take all COVID-19 related precautions.  
I will 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.

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

Place: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Mob. No. \_\_\_\_\_