

**UNDERTAKING CUM CONSENT FOR REGULAR SCHOOL SESSION
2020-21**

Date: _____

**To,
The Principal**

Madam\Sir

I Mr\Ms. _____ father / mother / legal guardian of Miss _____ student
of class _____ and section _____ Scholar No. : _____, am aware that in accordance with the

guidelines issued by the

Government of India (Ministry of Health and Family Welfare) with regard to SOP for partial re-opening of schools (classes X and XII)
on voluntary basis during COVID-19, the school is providing regular school sessions to the students from January, 4th 2020.

I hereby request you to permit my ward to attend regular school sessions being conducted by the school and submit this
undertaking which is voluntary and with my free will and consent.

I hereby declare that:

1. No member of my family has symptoms of Covid-19 as of now.
2. No member of my family stays in Containment Zone.
3. No member of my family has been quarantined or kept in isolation as of now.
4. Regular school sessions will be attended by my ward as per the schedule decided by the school. No request for separate timing will be forwarded.
5. To and Fro transport facility availed by the student will be chargeable.
6. I shall ensure that my ward will report to school in clean school uniform ONLY and carry her own mask, water bottle, eatables/Tiffin, sanitizer bottle (not more than 50 ml\day), napkin handkerchief, stationery and other essentials.
7. I shall instruct my ward to maintain physical distancing at all times and refrain from disposing masks, gloves, sanitizer etc in school campus publically.
8. I shall not hold the school responsible for her negligent behavior or for any infection caught by my ward during her reporting to school.
9. I authorize the school to take a disciplinary action in the interest of my ward incase she does not abide by the rules mentioned above. I shall accept the decision in this regard.
10. All the information given by me in this Declaration\Undertaking is true.
11. I am ready to send my ward to school on my own risk and responsibility.

Signature: _____

Name of the Parent: _____

Contact No: _____