

Circular for Parents of Class X **Session 2020-21**

EKAY/DEC/2020/015 December 22, 2020

Subject: Reopening of School

Dear Parents, Namaste!

As per the directive of the School Education Department (M.P.), we have decided to reopen the school for Class X from Monday, January 04, 2021. In the first phase, only students of Class X will be required to come to school. All the SOPs laid down by the administration will be strictly followed by us for the safety of our Ekayanites.

It is mandatory for all parents of Class X to give their consent before sending their ward to school. Kindly read and fill in the attached consent form. The scanned copy of the duly filled and signed (by parents/ guardian) consent form to be emailed on info@ekayanaaschool.com latest by Saturday, December 26, 2020.

To begin with, classes will be held in the school for only **02 days in a week**. Please note that on the days the classes are held in school, there will be no online classes.

However, on other days, the online classes will continue as per the schedule.

Wishing you and your family good health.

Best regards

Manish Saxena **Principal**

Attachment: Consent form.



CONSENT FORM

10,	
The Principal	
Ekayanaa School	
Indore	
Respected Sir,	
I	parent of
	studying in Class Section hereby give consent for
my ward to attend sci	nool as per guidelines issued by School Education Department (M.P.)
that my ward will fo	ward attends classes as per the schedule given by the school. I promise llow all the safety norms for attending the school and will abide by all ons laid down by them.
I declare the followi	ng points:
1. My home is quarantine or	not in a containment zone and none of my family members are in isolation.
2. My child does	s not have any symptoms of COVID-19 as of now.
•	ard or any of the family members develop symptoms of COVID-19, l
will inform th	e school authorities immediately.
4. My ward will	follow the timing as decided by the school.
5. I will not hol coming to sch	d the school responsible for any untoward incident or infection while ool.
I hereby confirm the responsibility for the	nat my ward will attend school with my consent and I take full same.
Parent's Signature	:
Parent's Name	:
Contact Number	:
Date	÷