



Circular for the parents of Classes I to III students
Session: 2023-24

EKAY/FEB/65
February 1, 2024

Subject: School Picnic to Agrawal Appu Ghar - reg.

Dear Parents,
Namaste!

The school is organizing a trip on **Saturday, 10.02.2024 to Agrawal Appu Ghar (Fantasy Land), Gram Umariya, Dr. Ambedkar Nagar, Near Mhow Toll Naka, Indore** for the students of classes I to III. This trip will be a fun-filled experience for all students as they will be catered with different activities, games and yummy food (breakfast and lunch)

Departure and Transportation: All the students would arrive at school between 8:15 am to 8:30 am. The details of the trip are given below:

Time	Details
8:30 am	Arrival at School (Buses will arrive between 8:15 am to 8:30 am)
9:00 am	Departure to venue from school (mode of transport : school bus)
2:15 pm	Returning back to school
3:00 pm	Departure from school (Buses will depart between 3:00 pm to 3:20 pm)

Note:

- All the students are expected to come in sports uniform, carrying small bag with water bottle.
- Wearing ID card is mandate for all.
- Students should not carry valuable items/cameras/cell phones/jewellery along with them.
- The trip expenses Rs. 450/- will be deducted from student's imprest money account.**
- Sports teacher, coordinator and teachers will accompany students on the trip.
- Kindly submit consent form to class teacher on or before **Monday, 05.02.2024** positively for the timely booking.

Coordinator

Admin Officer

Principal

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(Kindly fill and cut off the consent form below & submit the same to the class teacher on before 05/02/2024)

CONSENT FORM

To
The Class Teacher,
Ekayanaa School, Indore

I _____ parent of _____ of class _____ & sec. _____ is allowing my ward for the above mentioned trip to Agrawal Appu Ghar (Fantasy Land), Gram Umariya, Dr. Ambedkar Nagar, Near Mhow Toll Naka, Indore on 10.02.2024. I give my consent to deduct Rs. 450/- from his/her imprest money account.

Please contact us in case of emergency.

Address _____

Ph. _____ Mob. _____

Name of Parent _____ Signature _____ Date _____