



**D. A.V. PUBLIC SCHOOL, DAYANAND NAGAR, MAHESHKHUNT
UNDERTAKING FROM PARENTS (COVID-19)**

(For Students of Std. IXth & Xth)

FOR GOING TO SCHOOL FOR DOUBT CLEARANCE

REPORTING TIME FOR STUDENTS: 12:20 PM – 02:20 PM (NO ENTRY AFTER 12:15 PM)

DEPARTURE TIME 02:20 PM BY OWN MODE OF TRANSPORT

To,

The Principal

DAV Public School, DAYANAND NAGAR, MAHESHKHUNT

**I, Shri /Smt. _____ Father/Mother of
Master/Miss. _____**

**Class / Section: Admission Number: Roll No : permit
my son/ Daughter to attend school from 12-10-2020 (Monday) as per the schedule
mentioned below and he / shall abide by all rules as laid down by the school under COVID-19
Guidelines from Government of India / Government of Bihar as Standards of Procedure
(SOP) else he/ she may not be allowed to enter the School Campus.**

On Confirmation of, I assure that my ward shall follow the rules as listed under:

1. Students must report to the school wearing regular school uniform (Weekdays).
2. He/ She shall carry **two copies** of this **Authority Letter from Parents – One will be taken by the Class Teacher** the other shall be retained by the Students.
3. He/ She shall be wearing **Face Mask throughout his stay time in School.**
4. He/ She shall preferably **wear handgloves.**
5. He/ She shall bring his own **Water Bottle** and **50 ml Sanitizer Bottle.**
6. He/ She shall wait patiently for **Thermal Screening.**
7. He/ She **shall not touch anything** in the Campus as far as possible and sanitize his hands after doing so.
8. He/ She shall not move around in groups with his friends **or touch/hug/ shake hands.**
9. **He/ She** shall not bring any **Eatable Item** into the **Campus** nor share with his friends.
10. He/ She shall **inform the Teachers if he/ she is not feeling well.**
11. **The School shall not provide any transportation** to students.
12. It is **responsibility of the Parents** to send and receive students from the School as per the Timings:
13. He/ She **should wear Identity Card of the previous year (if available).**

(Declaration of Parents)

I, hereby declare that all the aforesaid has been read by me and agreed upon and I shall abide by the decision of the School Management. I am well aware of the Sensitivity of **CORONA** Virus and shall adopt all measures necessary to protect my ward during the **COVID-19** pandemic

Signature of the Parents

Name of the Parent/ Guardian:

Date: ___/___/2020

Address:

Contact No-