



**C. S. D. A. V. PUBLIC SCHOOL, KOTWA. ROAD, MOTIHARI
UNDERTAKING FROM PARENTS (COVID-19)**

(For Students of Std. IX to XII)

For Attending School for Doubt Clearance Classes.

REPORTING TIME FOR STUDENTS: 08:45 – 09:00 AM (NO ENTRY AFTER 09:00 AM)

DEPARTURE TIME 11:00 AM BY OWN MODE OF TRANSPORT

ALL CLASSES TO RUN IN THE JUNIOR CAMPUS

To,

The Principal

CS DAV Public School, Motihari

I, Shri /Smt. _____

Father / Mother of Master / Miss. _____

Class / Section: Admission Number: Roll No : permit my son/ Daughter to attend school from 05-10-2020(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 hand gloves**.
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-