DAV PUBLIC SCHOOL, UNIT-VIII, BHUBANESWAR-12

DAV No. 181 /2021 Date: 04/02/2021

REOPENING OF SCHOOL FOR CLASS IX & XI

Dear Parents,

Greetings of the day! Hope you are healthy & safe.

In accordance with the guidelines issued by the School & Mass Education Department, Govt. of Odisha on dated 01/02/2021, the School Management has decided to **reopen the school for Classes IX & XI w.e.f 08/02/2021** strictly following the SOP of COVID-19. We appreciate the cooperation extended by you till date to carry out the online teaching transaction most effectively. However, as per the directive of the Govt. notification **the parents have to give their written consent** for sending their children to the school to attend the offline classes in the school campus. The Consent Form is also available in the school website.

In the above context, the parents willing to send their wards to school for offline classes are requested to submit their consent using the following Google link latest by **04:00 pm** on **05/02/2021**.

https://forms.gle/Wo9mtQgqaWw7kcBd7

The hard copy of the Consent Form duly filled is to be handed by the students to their respective class teachers on the day of arrival at school. Parents are requested to drop their wards near the designated gate of the school & wait till the student is given an entry into the school after proper thermal scanning& sanitization. Students who would be found having temperature above 98.6 degree fahrenheit will be sent back along with the parents. **The school timing will be from 09:30 am to 02:00 pm**.

Class	Gate No.	Entry Time	Exit Time
IX	4	09:15 am – 09:30 am	02:00 pm
ΧI	3	09:15 am - 09:30 am	02:00 pm

On the reopening of the school the students are required to:

- Wear face mask without fail while coming to the school and carry an additional mask with them.
- Move into the school on the circles marked on the road/ floor only, maintaining social distancing.
- Wait patiently till the body temperature is checked and recorded at the entry points by thermal scanning every day.
- Sanitize hands near the Gate before entering into the classroom & also during the interval in between the periods.
- Occupy their allotted seat only, after entering into the classroom.
- Not move here & there, either in the classroom or in the school premises during the school hour.
- Maintain social distancing and use sanitizer/hand wash available near the washroom before and after going to toilet.
- Inform the concerned Supervisory Head, in case they misplace the mask during the school hours.
- Carry homemade tiffin only. No eatables will be available in school campus.
- Not to share tiffin, water bottle, book, note book, pen, pencil or any other belongings with their friends.
- Dispose of the disposable masks, if any, in the designated dust bin.
- Leave the vicinity of the school immediately after completion of the classes in staggered manner to avoid crowd/gathering near the school area.
- Once we receive the consent from the parents through the Google link, and need there be, the students shall be divided into groups for attending offline classes at school, the detail information of which shall be shared with you in due course.

We request the parents to impose their faith in the school system & extend their support and cooperation to enable us for a smooth and impeccable reopening of the school. **Kindly respond through the Google link at the earliest so as to enable us for a proper planning.**

Waiting eagerly to welcome our students on school campus.

Thanks & regards.
Sincerely yours

Encl: Parents Consent Form

DAV PUBLIC SCHOOL, UNIT-VIII, BHUBANESWAR-12

PARENTS CONSENT FORM

I/We, Mr/Mrs	_ (father/mother/parents)		
of Master/Miss	of Std. IX / XI Sec,		
Roll No bearing Enrolment No do hereby declar	e that I/we, am/are fully		
satisfied with the provisions made by the school for reopening of the	school w.e.f 08/02/2021.		
I/We whole heartedly give my/our consent to send my/our child	for attending the offline		
classes w.e.f 08/02/2021 on the school premises.			
I/We do hereby undertake that I/We will ensure not to send my/our cl	nild if he/she suffers from		
cold/cough/fever or any other symptoms of COVID or other viral infe	ections. I/we will enforce		
wearing of mask as well as use of pocket hand sanitizer by my/our ch	nild.		
Full Signature of Father/Mother/Parents with date:			
Mob. No.:			
E-mail:			