

GIRLS' HIGH SCHOOL & COLLEGE, PRAYAGRAJ

VOLUNTARY GUIDANCE CLASSES FOR STUDENTS OF CLASS IX, X, XI & XII

Dear Parent,

As per the instructions received from the office of Addl. Chief Secretary, Department of Secondary Education, the School is likely to hold VOLUNTARY GUIDANCE CLASSES for students of class IX to XII. This will be arranged for different subjects on separate time slots & days, for which the students will be required to visit the school physically, while the virtual and online classes will continue as usual-

We need your option on the issue and therefore please give your consent for your ward to physically attend these Classes.

Please tick the box stating your option:

a) I agree to send my ward _____ of Class _____ and give consent

(If you wish to send your ward for VGC Classes, please fill the consent form below and drop it in the drop box at the main gate, last date being Friday 23.10.2020)

Annexure-1

PARENT'S CONSENT FORM For Voluntary Guidance Classes

I _____ F/o _____
Class _____ Adm. No. _____ of my own free will and in a state of full consciousness, give consent to my ward for attending Voluntary Guidance Classes that the institution is likely to open for classes IX, X, XI & XII.

I fully understand and undertake

1. That my daughter is fit and healthy to attend the voluntary classes & has no symptom of Covid-19 (fever, cough, breathlessness, etc) and is not a risk to the other students attending the classes.
2. That if at any point of time, my ward is unwell/develops symptoms suggesting infection of any contagious disease, I will immediately report to the school & discontinue her from attending the classes.
3. That my ward will follow all the instructions and guidelines of the Govt. & the school, failing which, the institution has absolute authority to bar her from attending the guidance classes.
4. That my ward will, at all times, wear mask, face cover, keep & use sanitizer and follow social distancing strictly. She will not share eatables, water-bottles, stationery items etc. with anyone.

NAME OF THE PARENT:

ADDRESS:

OCCUPATION:

MOBILE No. :

DATE:

Full Signature of Parent
(Father/Mother)