



ST. XAVIER'S HIGH SCHOOL

(Affiliated – C.B.S.E. New Delhi)

Chilla Road, Banda, (U.P.) Pin-210001

Ph - 05192-221919 Mob - 9935895688, 9721788177

Dear Parents,

As per government order & SOPs regarding partially reopening of school, we have decided to reopen the school for students of Class XI & XII from 21.10.2020 with the following instructions -

1. Students may come to school with their Parents / Guardians to discuss the doubts with their teachers and after the doubt clearance session they will go back with their Parents / Guardians. Timing will be from 9:30 am to 12:30 pm.
2. Students will be sanitized once along thermal scanning at the time of entry at school gate.
3. Students will carry their own pocket hand sanitizer in the transparent bottle for personal use.
4. Students will cover their mouth and nose with mask at all times.
5. Students will come in proper school uniform.
6. Students have to bring their own water bottle with name slip & examination clipboard.
7. Students should not borrow any article / stationary from others.
8. Students will follow social distancing norms.
9. Students must have proper breakfast before coming to school.
10. Students are not allowed to bring any eatable or tiffin box with them as no lunch break will be given during school time.
11. No assembly/morning prayer will be there, students will directly go to the allotted classrooms.
12. If your ward indicate any symptoms of cough, cold or fever during school hours, then she/he will be shifted to the isolation ward which is made in school and you will be informed. It will be your responsibility to take your ward immediately from the school for further treatment.
13. Online classes will continue as per the revised time table posted in Whatsapp group.

Date: 17.10.2020

Principal

To,

Date: _____

The Principal

St. Xavier's High School

Banda

I have read all the above instruction and I give my willing consent to send my ward _____
Class _____ to attend Doubt/Problem Solving Physical Classes as per time table.

I assure that my ward is not suffering from cough, cold, fever etc. If anytime he/she shows such types of symptoms then I 'will not send him/her to school. I also state that, if my ward gets infected with Covid-19, I will take full responsibility for the same.

Parent's Signature _____

Student's Signature _____

Name of Mother/Father _____

Mobile No. _____

Note: *Please take the printout of this consent form & submit at School Gate at time of entry in campus.

***This form is also available at the school counter.**