

# School Reopening Circular



**HAPPY TO HAVE OUR  
STUDENTS  
BACK ON CAMPUS**



Dear Parents,

Following the Maharashtra Government and BMC permission, students are permitted to attend school on voluntary basis, which may be subject to change in case of any unforeseen circumstances. Now we are eager to welcome the students from grades 3 to 5 to attend regular classes in school from Tuesday, 25th January 2022.

**School Timings: 8:00 am to 1:00 pm**

**Reporting time: 7:45 am**

The students who are unable to join on-campus classes may attend online classes.

Wearing mask during the school hours on campus is mandatory. Students are advised to strictly adhere to the social distancing protocol. All students attending the school on-campus must carry a copy of their latest RTPCR report to school and hand it over to their respective class teachers along with the consent form. The Consent Form (Appendix 1) and Self Declaration Form (Appendix 2) mandatory for student to attend school.

Regards,  
Dr. Mrs. Vandana Lulla  
Director / Principal

PODAR INTERNATIONAL SCHOOL, SANTACRUZ

IB & CAMBRIDGE INTERNATIONAL

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Please note that the same will be shared as Assignments in the PYP UOI Tile on MS Teams. The forms need to be turned in as assignments by Sunday, 23rd January 2022.

Designated entry and exit for Grade 3 to 5 will be from Gate 4.

Bubbles and socially distanced seating plan are created as a preventive measure.

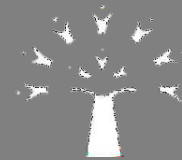
School transport is not available till further notice.

**Important instructions for students:**

- Students to bring their own stationary, water, and a snack box. Students will not be allowed to share/exchange the same with others. Please note that as there will be no canteen facilities available, students must carry a snack box with them for the short break. They will not be allowed to order food from out.
- Students to maintain and adhere to the safety protocols and social distancing norms at all times.
- Students will carry one general book and workbooks for English and Maths.
- All students should wear the school uniform (Red t-shirt and Blue Denim shorts/tracks). The same can be purchased using the online portal - <https://www.shopforschool.in/>
- All Students should wear mask at all times. It is advisable to wear N95 mask.

We seek your cooperation and support.

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**Date: 21 January 2022**

**Welcome back!**

## Appendix 1 - Consent Form

Kindly fill and sign the consent form given below

### Consent form for attending on Campus School

Dear Sir / Madam,

I, the undersigned am parent / guardian of \_\_\_\_\_

who is studying in Grade \_\_\_\_\_ Division \_\_\_\_\_ and we are currently residing at following address:

\_\_\_\_\_  
\_\_\_\_\_

As per the latest guidelines issued by the Govt. of India we hereby declare as under:

- I consent to my ward attending physical school:
- I declare that my ward is not exhibiting any symptom of COVID-19:
- I declare that my ward will follow all safety & hygiene guidelines:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I declare the above consent provided is provided voluntarily & that I will not hold the school accountable in the event of any unforeseen incident.

Name of Parent: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email id: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

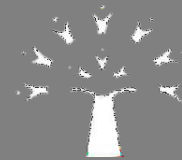
Date: \_\_\_\_\_

Place: \_\_\_\_\_

Regards,  
**Dr. Mrs. Vandana Lulla**  
Director / Principal

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## Appendix 2 – Self Declaration Form

Podar International School

*(Self-Reporting form to be filled by all students and parents)*

All students and parents are requested to fill up this self-declaration form and submit the same to the school front desk.

<b>Personal Details</b>			
<i>First Name</i>		<i>Grade</i>	
<i>Last Name</i>		<i>Age</i>	
<b>Reason for Visit</b>			
<i>Purpose</i>		<i>Host/Class Teacher Name</i>	
<b>Travel History</b>			
<i>*Travelled to Affected Cities/ Country</i>	<i>YES / NO</i>	<i>*Have you been in close contact with suspected/confirmed case</i>	<i>YES / NO</i>
<i>Name of country and city travelled</i>		<i>Date of travel</i>	
<i>Transit point (if applicable)</i>		<i>Date of return</i>	
<i>Name of country and city travelled</i>		<i>Date of travel</i>	
<i>Transit point (if applicable)</i>		<i>Date of return</i>	

**Are you suffering from any of the following symptoms:**

Fever	Yes	No
Cough	Yes	No
Respiratory distress	Yes	No
Sore throat	Yes	No

**I agree that the above information provided is, to the best of my knowledge, complete and true.**

<i>Name</i>	<i>Signature</i>	<i>Date</i>	<i>Place</i>	<i>Contact number</i>

Regards,  
Dr. Mrs. Vandana Lulla  
Director / Principal

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