

MESSAGE FROM PRINCIPAL'S DESK



Following the Maharashtra Government and BMC permission, students are permitted to attend school on voluntary basis, which may be subject to changes in case of any unforeseen circumstances. We had a successful reopening of the school for the students of grades 6 to 12 in the month of Nov 2021. Now we are eager to welcome the students from grades 6 to 9 ,IBDP and AS Level to attend regular classes in school from Monday, 24th Jan 2022.

Grade 10 and A Level students will have study leave from 24th Jan 2022. Cambridge Board exams begin from 1st Feb 2022.

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

Reporting time: 7:45 am sharp

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. The consent form. (Appendix 1) and Self declaration form students and parent (Appendix 2) must be posted in the folder on MS Teams Class assembly tile by Sunday 23rd Jan 2022.

Entry and Exit for Grade 6 to 9 will be from gate no 3, IBDP and A Level from gate no 2.

Please note that as there will be no canteen facilities available, students must carry a snack box & water with them for the short break. They will not be allowed to order food from out. School transport is not available till further notice.

All student must carry required books according to the time table and all students should wear the school uniform (Red t-shirt and Blue Denim pants/tracks). The same can be purchased using the online portal - <https://www.shopforschool.in/>

We seek your cooperation and support.

Regards,
Dr. Mrs. Vandana Lulla
Director / Principal

PODAR INTERNATIONAL SCHOOL, SANTACRUZ

IB & CAMBRIDGE INTERNATIONAL

CONSENT FORM



Appendix 1 - Consent Form

Kindly fill and sign the consent form given below

Letter of Undertaking

To
The Principal,
Podar International School
Santa Cruz (west)

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:

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: _____

SELF DECLARATION FORM

Appendix 2 - Self Declaration form (Student and Parent)

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.

| | | | |
|---|-----------------|--|-----------------|
| Personal Details | | | |
| <i>First Name</i> | | <i>Grade</i> | |
| <i>Last Name</i> | | <i>Age</i> | |
| Reason for Visit | | | |
| <i>Purpose</i> | | <i>Host/Class Teacher Name</i> | |
| Travel History | | | |
| <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> |
| | | | | |