**Memari Crystal Model School**

Affiliated to CBSE, New Delhi, (Affiliation No 2430146)

Kalshi More, Chotkhanda, Memari, Purba Bardhama, Ph : 9474323323, 9775696708, 973203994

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 Date-

Dear Parents/Guardians

This is to inform all the students that our school is organising an excursion to **Bethuadahari Wildlife Sanctuary on 3rd NOVEMBER, 2023**. All the students who are interested may enlist their names by submitting the consent form along with the excursion fees to the school office on or before **17th October, 2023.**

**Points to be noted:**

1. **Excursion Fees: Rs. 450/- per head**
2. **Arrival at school: 7:30am**
3. **Departure from school: 8:00pm (Tentative)**
4. **Students must come in school uniform**
5. **Students must bring their I-Card, Diary, Light Tiffin, Water bottle**
6. **Bringing electronic gadgets is strictly prohibited**
7. **The guardians need to contact the transport staffs of the respective routes to know the tentative pick up and drop time from your ward’s bus stop**
8. **If the guardians wish to take their wards home at the time of departure from the school, then they must bring their copy (guardian’s copy) of the I-Card.**
9. **Please follow the WhatsApp group to get the latest update**

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**Submit the Consent form within 17th OCTOBER**

**I, guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_studying in class\_\_\_\_\_sec \_\_\_\_, hereby give my consent to my son/daughter to take part in the excursion to Bethuadahari Wildlife Sanctuary on 3rd NOVEMBER, 2023. I confirm that he/she is medically fit to participate.**

**Please give details of**

* **Any current medical condition/any medication being taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Any other relevant information which may affect his/her participation in the visit (including allergy or dietary requirements) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Food- \_\_\_\_\_\_\_\_\_\_\_\_\_ ( Veg/Non veg)**

**I accept the established code of conduct for the educational visit and agree to the arrangements (including costs).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/legal Guardian**

**Date:**