



# M.M. PUBLIC SCHOOL

VASUDHA ENCLAVE, PITAMPURA, DELHI – 110034.

Ph. No. 011-27351513, 27352701

Website : [www.mmpublicschool.com](http://www.mmpublicschool.com)

*“Celebrating 50 years of Excellence in Education”*

MMPS/Circular/31/2021

Dated : 12.08.2021

## Circular for classes X and XII

Dear Parent / Student,

Greetings!

The govt. of NCT of Delhi permitted all schools to allow students of classes X to XII to visit school for counseling/guidance and practical activities related to board exams.

The school has made all the precautionary arrangements pertaining to covid-19. Under the circumstances, parents are requested to submit their consent by filling form in the following format by 16-August-2021.

**Note: \* Duly filled consent form can either be mailed from parent's mail only at school e-mail id: [consents@mmpublicschool.com](mailto:consents@mmpublicschool.com) or can be submitted at school reception latest by 16/08/2021.**

A handwritten signature in green ink, appearing to read 'R. Rame'.

Principal

To  
The Principal  
M.M. Public School  
Vasudha Enclave, Pitampura  
Delhi-110034

Dated: \_\_\_\_\_

Sub: Consent for sending my ward to school.

I \_\_\_\_\_ F/o/ M/o \_\_\_\_\_ studying in class \_\_\_\_\_ have gone through the Circular No. MMPS/Circular/31/2021 dated 12/08/202.

I hereby give my consent that my ward \_\_\_\_\_ of class \_\_\_\_\_ may please be allowed / not allowed to visit school for counseling/guidance and practical activities related to board exams.

Note: Give following certification if your ward is visiting school.

1) I do hereby certify that my ward is not suffering from the following:

- Fever or chills (>99.5 F)
- Cough
- Shortness of breath or difficulty in breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

and not symptomatic too of covid-19.

2) My ward will observe **COVID APPROPRIATE BEHAVIOUR** all times and at all places in the school premises.

\_\_\_\_\_  
Father's Name / Mother's Name

\_\_\_\_\_  
(Sign.)