



BIRLA SCHOOL, PILANI

PILANI – 333031 (Raj.), INDIA
(A Prestigious Centenary Residential School)



Ref.no:/BSP/2020-21/Guidelines Regarding School Reopening

Date 06.01.2021

Dear Parent/Guardian,

I take this opportunity to wish you a Very Happy New Year 2021.

As per the Government Order school will reopen for classes IX to XII on 18.01.2021. May I request you to report to school with your ward as per the following schedule :-

- (1) Students of classes **X & XII** to report at main gate of Birla School, Pilani on **Sunday, 17.01.2021 from 09.00 am to 5.00 pm.**
- (2) Students of classes **IX & XI** to report to the main gate of Birla School, Pilani on **Sunday, 24.01.2021 from 09.00 am to 5.00 pm.**
- (3) **In case of any enquiry / Urgency, Kindly contact Mr. R. Khan @ 8094012114.**

The school has prepared a video on SOP (Standard Operating Procedure) on school reopening. Kindly watch the video by clicking on <https://bit.ly/3nhgW3O> before dropping your ward.

May I further request you to teach your ward with respect to hand sanitizing ,maintaining physical distancing, not to exchange stationery, eatable etc.

Parents are requested to note down the following points :-

- (a) *It is mandatory to furnish 'Covid Negative Certificate' which should be issued to your ward not before than 72 hours at the time of reporting.*
- (b) *Parents Declaration/Consent Form is being attached herewith. You are requested to furnish and submit it at the main gate at the time of reporting.*
- (c) *Your ward must carry six masks and three bottles of sanitizer 200 ml each to school.*
- (d) *Ask your ward to carry a water bottle to school when you come to drop your ward.*

Kindly drop a mail to the Principal at principal@birlaschoolpilani.edu.in stating the tentative schedule of your reporting to the school.

With warm regards.

Principal
Birla School, Pilani

BIRLA SCHOOL, PILANI
DECLARATION BY PARENT- COVID 19

Name of Student: _____

Class: _____

S. R. Number : _____

Residence : _____

(Please tick mark (√) the correct answer)

1. Does your ward have fever, cold, cough, body pain?:

Yes

No

2. Did your ward travel anywhere other than being at home in the last three weeks:

Yes

No

3. If yes to the above, then please indicate names(s) of the cities/towns/ area visited by your ward:

4. Was your ward or yourself in- person contact with suspected or confirmed case of Covid-19 during the last three weeks:

Yes

No

5. Did your ward /family member during the last three weeks participate in a meeting/gathering where more than 15 people attended:

Yes

No

6. If yes to the above, then please mention the details of the town/city/ area where the gathering took place:

This is to state that the above provided information is true to the best of my knowledge and my ward or any other family member/servant with whom my ward has stayed for the past three weeks has not shown any symptoms associated with Covid-19 during the last three weeks.

Signature: _____

Name : _____

Relationship with student : _____

Date : _____