



G.D. Goenka Public School, Habra

Session-2024 -2025

NOTICE



Educational Trip to Indian Museum, Kolkata

Date: 27.01.2025

Dear Parent/Guardian,

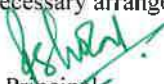
We are pleased to inform you that our school is organizing an educational trip to the Indian Museum, Kolkata for students of Classes III to VIII on Saturday, 8th February 2025. This trip aims to provide students with an enriching experience about India's historical and cultural heritage.

Details of the Trip:

- ❖ Departure Time from School: 7:30 AM
- ❖ Expected Return to School: 5:00 PM
- ❖ Cost per Student: ₹400 (inclusive of transportation, entry fees, and lunch)
- ❖ Tiffin: Students are requested to carry breakfast and light snacks/ juice/fruit for evening time.
- ❖ Lunch will be provided by the school.

Important Notes for Parents:

- ❖ Ensure your child wears the school uniform and I Card for easy identification.
- ❖ Provide a small bag with snacks, a water bottle, and an exam board for taking notes.
- ❖ Please submit the Parent Consent Form by 29th January 2025 and make the payment of ₹400 by 31st January 2025 to the class teacher to allow us to confirm the final headcount with the Indian Museum for necessary arrangements. Thank you for your cooperation and support.


Principal

G.D. Goenka Public School, Habra

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Parent Consent Form

I, _____, parent/guardian of _____ studying in Class _____, Section _____, hereby give my consent for my ward to participate in the educational trip to the Indian Museum, Kolkata, organized by G.D. Goenka Public School, Habra, on 8th February 2025.

I understand that the school will take all necessary precautions to ensure the safety of the students. However, I shall not hold the school or its authorities responsible for any unforeseen incident beyond their control.

I have submitted ₹400 for my ward's participation.

Contact Details for Emergencies:

I. Name: _____

Relation: _____

Contact Number: _____ Food Preference Veg / Non Veg (Chicken)

Medical Information (if any):

Does your ward have any allergies or medical conditions the school should be aware of? Yes No

If yes, please specify: _____

Signature of Parent/Guardian: _____

Date: _____

