



SANSKRITI SCHOOL
Dr. S. Radhakrishnan Marg
New Delhi

Grade 8

28th July, 2016

Dear Parents,

Sanskriti's vision since inception is to nurture happy, feeling and thinking individuals with holistic personality. In keeping with the above vision, Sanskriti is providing **Jhansi, Orchcha, Gwalior** for grade 8. The objective of this trip is not only sightseeing, but also an opportunity to experience, learn and acquire valuable life skills such as team spirit, team building, leadership by encouraging a pragmatic view of life.

The trip is being conducted in collaboration with Scat Travels. The trip will be supervised by the school teachers and professionals from the Scat Travels who will be accompanying the group. We hope our students will have an enriching and memorable experience.

TOUR DETAILS:

Place of the Camp : Jhansi, Orchcha, Gwalior
Dates : 01-03 December, 2016 (3 Days 2 Nights)
Mode of Travel : Shatabdi, A.C. buses
Tour Cost : Rs 8950/-

Cancellation Policy:

50% refund if withdrawing 45 days prior to the commencement of the trip. No refund thereafter.

If you are interested in sending your ward for the trip, kindly fill the consent form given below and send the cheque favouring Sanskriti School for Rs.8950/-

Regular updates on the trip activities can be seen by parents on our school website w.e.f 01 December 2016.

The last date of receiving the payment is **8th August, 2016**.

Thanking you,

Mrs Abha Sahgal
Principal

CONSENT FORM on Page 2.....

SANSKRITI SCHOOL
Dr. S. Radhakrishnan Marg
New Delhi

Consent for class 8 - Jhansi, Orchha, Gwalior

We allow our ward _____ of **Grade VIII** - ___ to join the programme. I hereby indemnify the school authority and tour organisers from all responsibility in case of any mishap. Our ward is physically fit and will abide by the rules and regulations given by the teacher in-charge. We are sending Chq# _____ dtd _____ drawn on _____ (Bank & Branch name) of **Rs.8950/-** favouring **SANSKRITI SCHOOL** for the said trip.

The following information is mandatory for all:

Does your ward have any medical concern?

NO

YES. Please Specify

Is your ward aware of the symptoms?

Is he/she able to administer medication independently?

THE SCHOOL'S DISCRETION WILL BE EXERCISED FOR GIVING PERMISSION FOR CHILDREN WITH MEDICAL CONCERN.

	Name	Mobile number	E-mail id	Signature
Father				
Mother				