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, Orchha, 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, Orchha, 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........
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.

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<th>Name</th>
<th>Mobile number</th>
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<td>Father</td>
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