



SANSKRITI SCHOOL
Dr. S. Radhakrishnan Marg
New Delhi

Grade 6

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 **Camp Anubhav** programme for Grade 6. The objective of this camp is not only to provide an exposure to camp life, 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 camp is being conducted in collaboration with **Rocksport adventures**. The camp will be supervised by the school teachers and professional instructors of Rocksport Adventures . We hope our students will have an enriching and memorable experience.

CAMP DETAILS:

Place of the Camp : Corbett, Uttarakhand
Dates : 01-03 December, 2016 (3 Days, 2Nights)
Mode of Travel : Deluxe Buses
Camp Cost : Rs.7050/- per child

Cancellation Policy:

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

If you are interested in sending your ward for the camp, kindly fill the consent form given below and send the cheque favouring **Sanskriti School** for **Rs.7050/-**.

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

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

Thanking you,

Mrs Abha Sahgal
Principal

CONSENT FORM on Page 2.....

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Consent for class 6 - CAMP ANUBHAV

We allow our ward _____ of **Grade VI** - ___ to join the Camp **Anubhav**. I hereby indemnify the school authority and camp 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.7050/-** favouring **SANSKRITI SCHOOL** for the said camp.

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				