## BIRLA PUBLIC SCHOOL, DOHA, QATAR

#### SCHOOL PICNIC - Circular for Grades V-VII

Dear Parent,

We are planning a picnic for the students of Grades V- VII to **KidZania** on **15th and 16th December 2024**, during school hours as per the following schedule.

Day and Date	Grade	S No
Monday	V	1
16 December 2024	VI (H - P)	2
Sunday	VI (A-G)	3
15 December 2024	VII	4

#### Details of the Picnic:

- The fee for each student is QAR 80 /- and it covers student entry to the facility, full access to all KidZania activities and light refreshments.
- · Students should wear their regular grey school uniform.
- Students may carry a water bottle.
- Students will leave for KidZania and return during school hours.
- Students will disperse at the regular time of **1:35 p.m.** on both days.

### **Important Information:**

- Consent Form and Payment: Kindly ensure that the filled consent form, along with the payment of QAR 80, is submitted to the class teachers by **Tuesday**, **10th December 2024**.
- **Non-Refundable:** Please note that the payment is non-refundable, and the submission of the consent form is mandatory for participation.
- · Electronic gadgets are not permitted.

NB: - It will be a non-instructional day for students who will not be going on the day of their picnic. (Grades VII & VI - A to G on Sunday and V & VI - H to P on Monday)

We hope the picnic will be a delightful experience for the students.

Thank you for your cooperation.

Dr. Anand R. Nair

**Principal** 

# PARENT CONSENT FORM School Picnic to KidZania (Gr. V to VII) - BPS/EC/2024-25/78

Dear Sir,		
I, parent of	class	
div admission nohereby pe	ermit my ward to join the School Picnic to	
KidZania on 15 $\square$ / 16 $\square$ December 2024 during	school hours and pay QR – 80 /- towards	
the cost of the picnic. I shall ensure that my child	will abide by all the rules and regulations	
of the school. I confirm that my ward does not have	ve any allergies, medical conditions, health	
concerns, or physical limitations that would preve	ent him/her from safely participating in the	
activities. In case of any pre-existing medical cond	dition or concern, I will notify the school in	
advance.		
I understand that the school will take all possible care and precautions to safeguard my ward. However, in case of any unforeseen incident, I will not hold the school responsible. By signing this form, I confirm that I have read, understood, and agree to the above points and provide my consent for my ward to participate in the school picnic.		
Food Preference - Veg $\ \square$ Non-Veg $\ \square$		
Sincerely,		
Father's Signature	Mother's Signature	
Mobile number	Mobile number	