



CBSE Affiliation Code : 830488

KITTUR RANI CHANNAMMA RESIDENTIAL SAINIK SCHOOL FOR GIRLS, KITTUR - 591115

Dist.: Belagavi, Karnataka State

Phone : 08288-234601 / 234606, Fax : 08288-287299

E-mail : sainikschoolkittur@gmail.com, Website : www.kittursainikschool.org



School Code : 45438

No: KRCRSSG/Adm/VIII/2021-22

20 November 2021

To
Parents/ Guardians of Classes VIII (2021-22)

Dear Parents/ Guardians,

SUB: REOPENING SCHOOL: CLASS VIII

1. In view of Govt orders it is proposed to reopen the School for Class VIII and conduct normal classes- **if the situation continues to improve or remain normal.** The schedule for students reporting to the School will be as follows:-

Class	Date	Timings
VIII A	20 December 21	0830 to 1400 hrs
VIII B	21 December 21	<u>(08.30 am to</u>
VIII C	22 December 21	<u>2.00 pm)</u>
VIII D	23 December 21	
VIII E	24 December 21	

1. Above **dates & timings are sacrosanct** and changes, as a matter of policy, will NOT be entertained. In case of problems advance **permission for change must be obtained in WRITING.** (email id kittursainikschool@gmail.com). Subject/ Heading should be clearly marked as, "Reopening (VIII)- 2021- 22". While corresponding, please mention the School No, Name, Class & Section of your ward and your own mobile number. **No verbal/ telephonic permission will be given.**
2. Students reporting to the School will be in possession of the following:-
- Valid RTPCR negative test report from a **Government Hospital (done 72 hours prior to reporting)**. Please note that in case you are unable to get the Test done in time- you may have to go to the KLE Hospital, Belagavi to get it done. This will involve an extra day of stay in Belagavi in addition to spending approx Rs 2000/- on the Test.
 - Written Consent of the parent (as per Appx 'A').
 - In the case of newly admitted students, since they were admitted when COVID was at its peak, therefore, some of them had not submitted Medical Fitness Certificate duly signed by Dist Surgeon (Appendix 'P' pages 63 to 69 of the Joining Instructions). Such cadets will come with above Medical Fitness Certificate.
3. Students coming to the School will be expected to **pay balance of fees in full and pocket money** as intimated by Accounts Section/ Class Teacher.
4. Students should arrive on campus between 0830 hrs and 1400 hrs for further medical examination, processing of papers and other administrative requirements. **No entry after 1400 hrs (2.00 pm).**
5. Please do not embarrass the Security/ Staff at the Main Gate, they will be under strict instructions not to entertain any violations.

Principal

CONSENT CERTIFICATE

I _____ S/o _____ Age: ___ years Occupation: _____
R/o _____ father/ mother/ legal guardian of
Cadet _____ Roll No _____ Class VIII Section ___ do hereby execute this undertaking
as under:-

I hereby give my **unconditional consent** to my daughter/ ward Cadet _____
Roll No _____ studying in Class VIII to stay in the School with effect from _____ to continue her
further studies in offline mode by physically attending the classes in Rani Channamma Residential
Sainik School for Girls.

I hereby undertake that despite all the precautionary steps taken by the School Authorities, if anything
goes wrong in future with reference to the health condition of my daughter/ ward Cadet
_____ Roll No _____ Class VIII, **I hereby indemnify the School Authorities and will not
hold them responsible for anything. Further I hereby undertake that, I will not claim any
compensation for the loss that would be caused/ perceived to be caused/ sustained by me or my
ward on any condition. It is clearly understood that I have admitted my ward at my own risk to
the Kittur Rani Channamma Residential Sainik School for Girls, Kittur.**

**I also undertake to come to the School immediately or send her authorized Guardian, if the
School Authorities ask me to.** I understand this precautionary step is being taken to ensure that should
there be an outbreak or should my ward get infected, she should not infect others.

I understand the contents of this undertaking/ The contents of the above undertaking have been read to
me in the language I understand well and that the same are true and correct to the best of my
knowledge, belief and information.

Signed this day _____ (date) at _____ (place).

Signature of Parent/ Guardian

Signature of witness: _____

Name: _____

Address: _____

Mobile No _____