

## **SOP FOR PARENTS: RE-OPENING OF RASHTRIYA MILITARY SCHOOL BENGALURU**

1. Students will come to school provided their parents have no objection and a written undertaking/consent from the parents.
2. Parents may send their wards at their discretion. It is not mandatory to re-join the school if they feel not to do so.
3. Students willing to study from home through online mode will be allowed to do so.
4. All the cadets must undergo RTPCR test before 72 hour of starting their journey and should in possession of Negative report.
5. Parents should provide enough mask and sanitizers to cadets.
6. Parents should advice their ward at regular interval to maintain social distancing norms and existing guidelines on COVID-19 during their stay in school.
7. Cadets will report to the hostel in a phased manner as per the dirns of the school.
8. Parents should encourage their children to ask questions and express their feelings with teachers, house masters and hostel supdts, if they are suffering from any health issues during the stay in school.
9. Parents should sign consent letter as attached with this SOP and same will be in possession of the cadets. Cadets without consent letter will not be allowed to stay in the school.
10. No visitors are allowed to visit the cadets during the stay in the school.
11. No out pass will be given to the cadets.
12. School advisory will be followed, failing which disciplinary action will be initiated.
13. Parents are requested to be in constant touch with their ward.
14. Parents should participate regularly in online Parents Teachers Meet.

# UNDERTAKING

## NEW NORMAL COVID 19 NORMS: STUDENT DECLARATION FORM ON REPORTING FROM HOME STATION TO RASHTRIYA MILITARY SCHOOL, BENGALURU

1. I \_\_\_\_\_ Cadet No \_\_\_\_\_ Class \_\_\_\_\_ am returning from \_\_\_\_\_  
\_\_\_\_\_ (District /State).

2. During the COVID 19 lockdown period I stayed with ( ✓ )

(a) My Parents/Relatives/Friends,

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Details : \_\_\_\_\_

(b) Stayed on my own at \_\_\_\_\_  
\_\_\_\_\_

3. I submit that :- ( ✓ )

(a) I was affected by COVID 19 and treated **(Yes/No)**

(b) I am not affected by COVID 19 **(Yes/No)**

(c) My relatives at my home town/village were infected with COVID-19 **(Yes/No)**.

(d) Anybody from my home town/village/mohalla infected with COVID-19? **(Yes/No)**.

(e) I have come across any persons who were suffering with above disease? **(Yes/No)**.

(f) I/My parents undertaken any recent travel abroad/other states/other districts/cities. **(Yes/No)**. If yes give details.

4. I submit that I am hale and healthy. I do not have medical issues of pandemic/epidemic ailment.

(Signature of the Student)

Date:

(Signature of Parent(s)/Guardian)

Date:

# CONSENT FORM

**From:**

Date:

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**To,**

The Principal  
Rashtriya Military School  
Opp Johnson Market, Hosur Road,  
Museum Road Po, Bengaluru  
Karnataka-560025

## SUB: CONSENT TO REPORT TO THE SCHOOL FOR CLASS IX AND XI

Respected sir,

I, \_\_\_\_\_, father / mother of \_\_\_\_\_, Cadet No \_\_\_\_\_ student of Class \_\_\_\_\_, Rashtriya Military School Bengaluru of academic session 2021-22, consent that my ward to report to the School on 24 Jan 2022 to attend contact classes / Tests, as per CBSE and Karnataka State Govt guidelines, and I am fully aware/conversant of the norms in vogue, as per these guidelines.

He is not suffering from COVID 19 as on date as per test results, which are being furnished for your ready records.

He will adhere to all safety protocols in vogue in the School and cooperate with the School Authority / Management, in ensuring safety and wellbeing of fellow beings in School.

He will report of any ailment to Class Teacher/House Master/Hostel Supdt, in order to ensure that remedial measures, as deemed necessary, are initiated.

He may be admitted to the CHAF/ any of the empanelled hospital, identified by the School, in case of testing positive for COVID 19.

I will not hold the management and the Institute responsible for any major health outcome of my ward.

Signature of Parent: \_\_\_\_\_

Name : \_\_\_\_\_

Address for corr : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact number : \_\_\_\_\_

Email : \_\_\_\_\_