

Delhi Public School Knowledge Park - V

Greater Noida (West)

Date: April 22, 2025

DPSKP-V/2025-26/Circular/19

CIRCULAR

Dear Parents,

Greetings!

We are pleased to inform you that swimming classes will commence from April 28th, 2025 onwards for our students to be held during school hours, as per the class timetable. Swimming is an essential life skill and a fantastic way build fitness, confidence, and discipline.

We are also excited to share that this year, our school is in the process of converting the existing swimming pool into an all-weather swimming facility. This upgrade will ensure that students can enjoy uninterrupted swimming sessions throughout the academic year, regardless of weather conditions.

While we understand the importance of physical fitness, safety and well-being of our children remains our top priority. To ensure the same, the minimum height requirement for entering the pool is 145cm. Additionally, for the session 2025-26, a non-refundable amount of Rs. 4,000/- will be charged for the swimming activity annually. Parents who are willing to allow their wards to participate in the activity are requested to submit their consent before April 24th, 2025.

Haris Kaur
Principal

SWIMMING CONSENT FORM

Please paste your
recent passport
size photo

Name of the Student: _____

Father's name: _____

Date of Birth (dd/mm/yyyy): _____

Grade: _____

Admission No. _____

I _____ parent of _____ studying in class ____ sec ____ of Delhi Public School, Knowledge Park - V do hereby give my will consent for my ward to participate in the swimming activity to be held during school hours, as per the class timetable.

I am aware that the school will take all the possible measures to ensure the safety and security of my child.

In case of any untoward incident, I will not hold the school responsible in any way.

I am willing to pay **Rs. 4,000/-** (Four Thousand) which will be non-refundable for the swimming activity, which will be added in July month's fee bill.

Name: _____

Contact No. _____

Date: _____

Signature: _____

Medical Certificate

This is to certify that I have examined _____ S/o/D/o _____

Height: (Minimum required 145 cm) _____ Weight: _____

I found that he/she is fit to perform the Swimming training and he/she is not suffering from any chronic/contagious disease or any disability which prevents him/her from attending swimming training classes.

(Note: This certificate has to be signed by regd. MBBS Doctor.)

Doctor's Signature:
(Name & Stamp with reg. No.)