

DPS-MONARCH/CIR/SCY/2023-24/PR-17

11.10.2023



Educational trip to "Baladna Park"

Grade 2

Dear Parents, Greetings of the day!

Baladna Park, a green refuge on the outskirts of Doha, is the gateway to a peaceful Nature Wonderland. A visit to Baladna park will give the tiny tots a chance to partake in their favorite outdoor activities. As Qatar's leading community venue, Baladna park offers a safe and nurturing environment.

DPS Monarch International School is committed to empowering children to build a better world by providing powerful experiences and meaningful learning opportunities. We will be organizing an exciting field trip to **Baladna Park for Grade 2 students** from **29th October 2023 to 2nd November 2023** during school hours. Parents interested in sending their wards are requested to fill out the consent form shared below and send the duly filled form to the respective HRTs by **19th October,2023** The Fee of 80 QAR (Food and transport included) will be charged towards the Educational Trip. Kindly send the Fee with your ward in a sealed envelope (stapled in the almanac) or online payment for the below along with the consent Form with your child's name and admission number mentioned clearly.

(a) Online Bank transfer to our Monarch International School, Doha Bank Account No-0215-920665-001-0010-000 with IBAN No.QA98DOHB02150920 6650010010000, C-Ring Road Branch, Doha by mentioning student details in "Transaction Remarks" column.

(OR)

(b) Online Bank transfer to our Monarch International School, Commercial Bank Account No-4010-477106-001 with IBAN No. QA56CBQA00000004010477106001, Grand Hamad Branch, Doha by mentioning student details in "Transaction Remarks" column.

(OR)

(c) Online Bank transfer to our Monarch International School, Dukhan Bank Account No- 100001858313 with IBAN No. QA95BRWA0000000100001858313, Main Branch, Doha mentioning student details in "Transaction Remarks" column.

(OR)

(d) Payment on the School Fee Counter (Cash / Card (Debit / Credit) / Cheque (Current Dated))

Kindly send us the screenshot of payment made vide mode (a)or(b)or(c) mentioned above to feepayment@misdoha.com with a cc to accounts@misdoha.com ,for record purpose.

Kindly Do Not Use the ZENDA App for the payment, as it is Exclusively for the School Term Fee Payment only.

Kindly note the below instructions:

- Students must come in full school uniform with their ID cards.
- Students must carry a small school bag only (no trolley bags) with the following things.
 - ❖ A water bottle, a brunch box (dry snacks only)
 - ❖ A small towel or napkin.
 - An extra pair of dress.

<u>Kindly note: The schedule for the TRIP will be shared with you upon</u> receiving the consent forms. The tentative dates are 29th October 2023 to 2nd November 2023

Thank you for your constant support and cooperation!

Regards,
DPS Monarch Primary Team

Ms. Meenal Bakshi Principal

Balachi





EDUCATIONAL FIELDTRIP CONSENT FORM / DECLARATION BY THE PARENTS

	IMDIVIO
I,	parent/guardian of
	(Name of child) Admission no
of Grade/Se	ection allow my child to participate in an educational field trip
to Baladna F	ark organized by the school.
I am aware	of the following terms and conditions and agree for the same:
• The fieldt	rip is scheduled from Sunday, 29th October 2023 to 2nd November
2023	
amount v	pay 80QAR/- as cost of fieldtrip (Including lunch and transport). The vill be paid to the DPS Monarch International School, Al-Wukair for ion in the trip.
	be NO REFUND in case the trip is cancelled by parent/student after ne payment of trip fee.
_	and that the school faculty in collaboration with the tour organizers
	all possible care and precaution to safeguard my ward.
	MEDICAL AND HEALTH DECLARATION BY PARENT
1. Allergies:	write Yes or No if "Yes" please specify
Medicine	
Food	
Skin	
Respiratory	
Any Other	

2. Does your		·					
Diabetes,	Heart	disease,	Epilepsy)	If	Yes,	kindly	mention.
3. Phobia Typ	es: write	Yes or No if	"Yes" please	specify	7		
Vertigo (Feeli	ng of Dizz	ziness)					
Acrophobia (I	Fear of He	ights)					
Climacophobi	a (Fear of	Climbing)					
Any other							
4. Is your children reason for to		_	lar Medication	n? Yes/	No if Y	es, kindly n	nention the
Name of the M	edicine be	ing taken: _					
I hereby declar	e that my	ward					has
no mental or pl	nysical dis	ease and is fi	it to participat	e in the	e fieldtrij	p.	
Kindly note	e: The sch	nedule for th	ne TRIP will b	e shar	ed with	you upon :	receiving
the consen		The tentative	e dates are fr	om 29	th Octo	ber 2023	to 2 nd
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IMPORTANT INFORMATION

Parent Name	Parent Signature	Date
I indemnify you that I will not beyond their control.	hold the school responsible for an	y circumstances
Emergency contact number		
Emergency contact person		
Parent email ID		
Parent phone no. (Both)		
Mother's Qatar ID no.		
Father's Qatar ID no.		
Mother Name		
Father Name		