Uttam
SCHOOL FOR GIRLS

Date: 30-09-2026
Circular No. USG/26-27/073

Dear Parents,

We are pleased to share that an Educational Visit to the Parliament House, New Delhi under the Know Your Leader Programme has been organised for students on Friday, 02 October 2026. This is a valuable opportunity for students to attend the function of Floral Tributes in Parliament House to pay homage to our national leaders in the Central Hall of the Parliament and learn about the contribution of our national leaders. Students will also visit the Chambers of Parliament House and Parliament Library.

Important Details:

* Date: 02 October 2026
* Limited to 40 students (first-come, first-served)
* Participation Fee: ₹225
* Arrival Time in School: 07:00 AM
* Students must be dropped at school in the morning and picked up from school after their return.
* Original Aadhaar Card is mandatory.
* Signed Consent Form must be submitted to the Class Teacher.
* Mobile phones are strictly NOT allowed as per Parliament security protocols.
* Arrival time in school from Parliament House. : 4:30 pm

To confirm participation, kindly acknowledge on the class group using the format below by 4:30 PM:

I agree for my ward to attend the Parliament Visit on 02/10/2026.

Name of Student: ____
Class/Section: ____
Parent's Name: ____
Aadhaar Card No.: ____

Alternatively, the details MUST be submitted through the link below:
https://forms.gle/5ULwDcMFAXTTd5pJ9?utm_source=chatgpt.com

Thank you for your cooperation and support.

Raheja

Ms. Sharmila Raheja
Principal

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Parent Undertaking & Acknowledgement

I, _____, father/mother of _____, studying in Grade _____, Section _____, hereby confirm that I have read and understood all the details regarding my ward's participation in the Educational Visit to Parliament House, New Delhi, organised under the Know Your Leader Programme on Friday, 02 October 2026.
I understand that my ward is required to report to the school at 7:00 a.m. and will travel to the venue from the school under the supervision and guidance of the designated teacher coordinator(s). The school will inform me about the expected return and pick-up time after the event, and I will make the necessary arrangements to collect my ward as communicated by the school.
I understand that the school will take utmost care for the safety and security of my ward. However, in case of any unforeseen incident beyond the reasonable control of the school, I will not hold the school responsible for the same

Student's Name: _____
Class & Section: _____
Parent/Guardian's Name: _____
Signature & Date: _____