M.E.S INDIAN SCHOOL, DOHA-QATAR

Ext. Cir. No. 106 /2026-27
25/10/2026

P.O. Box No. 3453
Tel: 44572888

CIRCULAR

Sub: Educational Tour to Jungle Zone – Hyatt Plaza

As part of our Educational Tour, the school is planning an exciting field trip for the students of classes **KG-I & KG-II** (K.G Section) to **Jungle Zone, Hyatt Plaza, Doha** as per the following schedule.

This trip will help children explore, observe, learn, and enjoy new experiences with their friends.

CLASS	DATE	DIVISIONS	TIME
KG II	01/12/2026 – Tuesday	A - D	7:00 a.m. to 9:30 a.m.
	02/12/2026 – Wednesday	E - H	
	03/12/2026 – Thursday	I - L	
	06/12/2026 – Sunday	M - P	
KG I	07/12/2026 – Monday	A - D	
	08/12/2026 – Tuesday	E - H	
	09/12/2026 – Wednesday	I - L	
	10/12/2026 – Thursday	M - P	

Interested students may register their names with their respective class teachers along with a fee of **QR. 50/-** (including food) and a consent letter from the parent on or before **Monday, 16th November 2026.**

Overall In-charges: Ms. Afreena Mymoonath & Ms. Harisha Boddula (Teachers, KG Section)

HAMEEDA KADAR
Principal

To: All Parents/ Students of Classes KG-I & KG-II

Copy to: (1) Governing Board (2) Senior Vice Principal (3) V.P. /Head of Boys' Section (4) V.P. / Head of Girls' Section (5) HOS, Junior (6) HOS, KG (7) HOS, Eve. (8) HOS, Jr. Eve. (9) HOS, KG Eve. (10) HAI & QM (11) AHOS, Boys' (12) AHOS, Girls' (13) Manager, Admin & Facilities (14) Accounts Manager (15) Transport Manager (16) Teacher In-charge (17) Safety & Maintenance Engineer (18) Lead System Admin (19) ICT Section (20) Maintenance Supervisor (21) Coordinator, Campus Care & Housekeeping (22) Welfare Dept. (23) Procurement Manager (24) Canteen Supervisor (25) Library (26) Notice Boards.

EDUCATIONAL TOUR - CONSENT LETTER

I_____ Parent of_____ hereby give permission for my child of Class_____ Div. _____, to participate in the field trip to **'Jungle Zone'** on_____/_____/2026. I affirm that my child is both mentally and physically fit to engage in all scheduled activities, including any rides or other activities during the trip.

I understand that while the school will take all necessary precautions to ensure my child's safety. I acknowledge that there are inherent risks involved in such activities. I hereby agree that the school and its staff will not be held responsible for any injuries or accidents that may occur during the trip.

Name of Parent: _____ **Signature:** _____

Email ID: _____ **Contact :**_____

Food Preference (Veg/Non-Veg): _____

Parent's Pledge and Consent for School Activities and Trips

Student Information			
Student Name		Identification Number (ID)	
School/Kindergarten name		Grade	
Date		Day	
Name of the activity/trip			
Purpose of the activity/trip			
Activity/Trip Executor			
Activity/Trip Location			

management of the school/kindergarten would like to inform you that it intends to organize a school activity/trip aimed at enhancing the educational and social aspects of students, in accordance with the data listed in the table above, and in line with the regulations approved by the competent authorities. Accordingly, please confirm your consent for your child's participation by signing below in this activity/trip, in accordance with the following:

The role of the school or private kindergarten administration	➢ provide all security and safety requirements approved by the competent authorities. ➢ Ensuring that the number of supervisors is proportional to the number of students participating to achieve effective supervision and public safety. ➢ Follow up on students' attendance and departure through approved official statements. ➢ Adhere to the date and time specified for the activity or trip and not accept any changes without prior approval from the management.
The role of the parent	➢ inform the school/kindergarten administration of any health condition that the student suffers from before the date of the activity or trip. ➢ The student's absence is counted if he/she does not attend school on the day of the activity or trip. ➢ Provide accurate and up-to-date information regarding the student's medical or special needs, if any. ➢ Inform the school/kindergarten administration immediately in case of a change in the contact number or contact details of the parent.
The role of the student	➢ adhere to modest dress, in accordance with the authentic customs and traditions of the Qatari society. ➢ Adhere to the approved behavioral evaluation policy for students and not violate the behavioral instructions during the activity or trip. ➢ Adhere to personal safety rules, including not walking alone in unsafe places, and staying away from any potential sources of danger. ➢ Commitment to good behavior, respect for others, and maintain cleanliness of the place and environment throughout the activity or trip.

Parent's consent or not for the activity/trip	Name		Consent	☐	Disapproval Reasons
	Kinship		Non-consent	☐	
	Phone number		Signature of the guardian		

School or Kindergarten Approval	Trip/Activity Officer		Signature		Stamp
	Name of the principal		Signature		