



NEW HORIZON SCHOLARS SCHOOL

CBSE Affiliation No. 1130325
Plot No.5, Sector-13, Airoli, Navi Mumbai-400 708

Circular No.: S339

GRADE: VI – IX & XI

Date: 18.02.2025

Dear Parents,

As part of the CBSE Programme and new initiatives, our school is organizing an educational visit to **Amrit Udyan, Rashtrapati Bhavan, Delhi** for students of **Grades 6 to 9**. This visit will provide students with an opportunity to explore the magnificent gardens and learn about the historical and cultural significance of Rashtrapati Bhavan.

The details of the trip are as follows:

Duration: 3 Days & 2 Nights

Departure Date: 10th March 2025 (LTT- Haridwar Express 12171)-07.55am

Date of Visit to Amrit Udyan: 11th March 2025

Arrival Date: 12th March 2025 (LTT- Haridwar Express (12172)- 09.30pm

Eligibility: Students of Grades 6 to 9

Seats: Limited (Only fifty) so first come, first serve

Cost: Rs. 13500/- (approx..) Includes transportation, accommodation, meals, and entry tickets.

Note- Students will be accompanied by the school teacher.

Key Attractions:

1. Bal Vatika
2. Theme Garden
3. Bonsai Garden
4. East Lawn & Central Lawn
5. Long Garden
6. Circular Garden & Vertical Garden
7. Nature's Classroom
8. Babbling Brook
9. India Gate and Parliament Visit if possible

Students interested in joining the trip must submit the **consent form** along with the required payment in cash by **21st February 2025**. Parents are requested to submit the amount in person to the Grade Teacher in a sealed envelope with students details on or before 21.02.2025. Since seats are limited, registrations will be accepted on a first-come, first-served basis.

For any queries, please contact your Grade Teacher.

We look forward to providing students with a fun-filled and educational experience.

Sala
Principal
18/2/25

GRADE: _____

DATE: _____

CONSENT FORM

Respected Madam,

I give my consent sending my daughter / son _____ studying in Grade / Div. _____ for the educational visit to Amrit Udyan, Rashtrapati Bhavan, Delhi on 11.03.2025. I understand that every effort will be taken to ensure safety, but the school will not be held responsible for any untoward incident occurring during the educational visit.

Details:

Name of the ward : _____

Grade : _____ Div. _____ Blood Group : _____

Contact Nos. : _____

Any ailments / allergies : _____

Parent's Signature _____