

TIS/CIR/73/23-24

**CIRCULAR**  
**Jaipur Trip (Classes: II and III)**

19 January 2024

Dear Parents

Jaipur, the capital city of Rajasthan, stands as a jewel in the crown of the Golden Triangle, alongside Delhi and Agra. This enchanting city, often referred to as the "Pink City," owes its nickname to the terracotta-pink hue that adorns many of its buildings. The Pink City is a testament to the royal heritage of Rajasthan, known for its magnificent palaces, vibrant bazaars, and imposing forts.

In Jaipur, the students will explore and learn about Rajasthan's vibrant culture and the influence heritage crafts like block printing and blue pottery have had on Rajasthani society. Throughout the two-day journey, students will participate in various enjoyable, enlightening, and educational activities.

A trip to the Pink City is being organized by the school for the students of classes II and III and is scheduled for 1 day. The students will leave for Jaipur on **Saturday, 17 February 2024 at 05:30 am** and return to the school on **Sunday, 18 February 2024 by 09:00 pm** (subject to traffic conditions). The students will travel by a deluxe coach. The cost of the trip is ₹6700/-

If you wish to send your ward on this trip, kindly fill in the consent form and send it along with the amount in cash to the class teacher in a labelled sealed envelope, by **Monday, 29 January 2024**. The entries will be accepted on a priority basis. The detailed itinerary will be shared on confirmation.

**Kindly note that this trip is completely optional.**

Warm regards

**(Deepali Sahi)**  
**HEADMISTRESS JR. SCHOOL**

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I, \_\_\_\_\_, mother / father / guardian of \_\_\_\_\_ of Class & Sec \_\_\_\_\_ hereby permit my ward to visit the Jaipur Trip. I understand that the school teachers will take all possible care and precautions to safeguard my ward. In case of any untoward incident, I will not hold the school responsible. I indemnify the school authorities from all responsibility in case of any natural or unavoidable mishap at the venue. My ward is physically fit and is able participate in all structured activities.

\_\_\_\_\_  
**Name of the Parent**

\_\_\_\_\_  
**Signature of the Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact no. of Father**

\_\_\_\_\_  
**Contact no. of Mother**