

Shaheen Public School

Shaheen Bagh, New Delhi – 110025

Date: 23-10-2026

NOTICE

SCHOOL PICNIC | NURSERY – CLASS II

A day of adventure, laughter and outdoor fun!

Dear Parents/Guardians,
Assalamualaikum!

We are delighted to inform you that a school picnic has been organised for students of Nursery to Class II at **E-O-D Adventure Park** on **Wednesday, 4 November 2026**. It will be a joyful opportunity for our young learners to explore, play and make happy memories under the supervision of school staff.



PICNIC DETAILS



VENUE:
E-O-D Adventure Park



DATE:
Wednesday,
4 November 2026



DEPARTURE:
8:00 a.m.



MEETING POINT:
Jasola Metro Station,
Gate 1 (opposite Good
Samaritan School)



RETURN:
3:00 p.m. at the same
meeting point



FEE:
₹900 per student



LUNCH:
Provided by the school



**LAST DATE TO SUBMIT
FEE & CONSENT:**
30 October 2026

PLEASE NOTE:



• Students must wear the proper school uniform and carry their school ID card.



• Carry a labelled water bottle, a handkerchief and one extra set of clothes (especially Nursery and KG students).



• Please ensure your child arrives at the meeting point on time.



• Students must remain with their assigned group and follow teachers' instructions.



• Inform the school in writing about any allergy, medical condition or medication requirement.



• Please update your contact number with the school for emergency communication.



• Submit the signed consent slip along with ₹900 by 30 October 2026 to confirm participation.



• Participation will be confirmed only after the consent slip and fee are received.



Children are requested
to come in proper
uniform with ID card.
No jewellery, makeup
or accessories allowed.

Warm regards,
Principal
Shaheen Public School



CUT HERE

PARENTAL CONSENT SLIP

School Picnic to E-O-D Adventure Park | 4 November 2026

I, _____, parent/guardian of _____,
studying in Class _____ Section _____, give my consent for my child to participate in the school picnic
to E-O-D Adventure Park on **Wednesday, 4 November 2026**.

Medical/allergy information (if any): _____

Emergency contact number: _____

Parent/Guardian signature: _____ Date: _____