



INDIAN SCHOOL AL WADI AL KABIR  
P. O. Box 513, Code 117, Al Wadi Al Kabir  
Sultanate of Oman [www.iswkoman.com](http://www.iswkoman.com)

Ref: ISWK/2022-23/GEN/51

28<sup>th</sup> November 2022

**CIRCULAR TO PARENTS  
(Classes VI to XII)**

**Dear Parent,**

**Sub:** International Educational Excursion

Greetings from ISWK!

We are pleased to announce that the school will be organizing an international educational excursion for the students of Classes 6 to 12, during the December school holidays.

The details of the same are as follows:

- Schedule: 16<sup>th</sup> December 2022 to 22<sup>nd</sup> December 2022 (both days inclusive)
- Applicable for students of Classes 6 to 12
- Location: Georgia  
[Please find attached herewith the details of tour costs, itinerary, places of interest, etc.]
- The school will proceed with preparation for the excursion only if the required number of responses are received before the last date which is Thursday, 1<sup>st</sup> December, 2022.
- The package details furnished are exclusive packages offered to ISWK by the tour operators.

If interested in sending your ward/s for the international excursion, kindly send the Consent Form to the Activity Coordinators no later than Thursday, 1<sup>st</sup> December, 2022.

We will update you with details at the earliest after the deadline for the responses received.

In case you need any further clarification please feel free to contact Mr. Sujit from Zahara Holidays. His contact details are [sujit@zaharaholidays.com](mailto:sujit@zaharaholidays.com) and +968 97308299.

Thank you.

With best wishes,

  
**D. N. Rao**  
Principal

### **ACKNOWLEDGEMENT-CUM-CONFIRMATION SLIP**

I, have read and understood the content above regarding the Tour scheduled from 16<sup>th</sup> December 2022 to 22<sup>nd</sup> December 2022.

Please find herewith my Acknowledgement-cum Confirmation Slip duly signed. I have read the contents and agree to my ward joining the trip as mentioned above.

Name of Student \_\_\_\_\_ Class & Section \_\_\_\_\_ Gr. No: \_\_\_\_\_

Gender \_\_\_\_\_ Vegetarian / Non- Vegetarian \_\_\_\_\_

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

GSM No. \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_