



## LETTER OF DECLARATION - COVID 19 (SOP)



I, (name) \_\_\_\_\_,  
(tick the correct option) Parent / Transporter / Guardian / Spouse  
of ISWK / ISWKi hereby declare that I have read the SOP document  
prepared by the Indian School Al Wadi Al Kabir / Indian School Al Wadi Al  
Kabir International and promise to comply with the standard procedure of  
COVID-19 enumerated therein. I am aware that if I break the standard  
procedure laid down in the SOP document, I will be putting my own life  
and the lives of others at great risk.

I declare that I am solely responsible for my own actions, and that if I fail  
to comply with the procedure laid down in the SOP document, I will be  
liable to face the consequences as decided by the school management.

Name of Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_