



SALWAN PUBLIC SCHOOL

Pt. Girdhari Lal Salwan Marg, Rajendra Nagar
New Delhi – 110060



CIRCULAR

Subject: Trip to Jim Corbett
Classes III, IV & V

SPS/155 / 2026-27

6.5.2026

Dear Parent

Embark on an unforgettable adventure at **Jim Corbett**, where students stay in a comfortable resort, enjoy exciting pool games, and create lasting memories. Guided by experts, they explore nature through activities like pugmark study and raft building, nurturing curiosity and a spirit of discovery.

Exclusively designed to develop essential life skills, this excursion encourages independence and builds awareness of their surroundings. Surrounded by serene wilderness, it promotes fitness, reduces stress, and enhances overall well-being. From trekking and zip-lining to bonding around campfires, the experience fosters stamina, teamwork, and communication—offering the perfect blend of fun and meaningful learning.

Trip Highlights:

- Dates: May 21st to May 23, 2026
- Location: Jim Corbett
- All-inclusive package: Accommodation, meals, outdoor activities, transportation, and travel insurance
- Cost: ₹ 8,500/- per participant

To ensure your child doesn't miss out on this enriching experience, kindly fill in the form and reserve the seat latest by 15th May 2026.

Google Form – <https://forms.gle/mVGjDiLQSFIEuArG6>

Please Note: Payment is to be made via the school fee portal, which will be active from **15th to 18th May 2026**. Limited seats are available. Selection will be on a first come, first-served basis.

Day-wise Itinerary: <https://drive.google.com/drive/folders/17EYdMR-y1qhkfRTYGCxzp4Y3JBhWo7p>

Regards

Priyanka Barara
Principal

CONSENT SLIP

I hereby give my consent for my ward _____ of class/ section _____ to attend the **Shoghi trip conducted by Rocksport Residential Program**. I understand all safety precautions shall be exercised. I shall, however, not hold Salwan Public School or Rocksport Residential Program responsible for any unlikely untoward incident.

Name of the Parent _____ Mobile No.: _____ Student Blood Group: _____

Medical Alignment (if any):- _____ Parent Signature: _____