

Ref. DIS/ Visiting Hour/MT/notice/25-26/04

2 August 2025

Notice: Protocols for Visit in the School Premises

Dear Parents,

Warm greetings from the school.

To maintain a safe, disciplined, and focused learning environment, we request your kind cooperation with the following protocols:

 ***Office Hours for Parents***

- **Information Office: 8:45 AM – 3:45 PM**

Please note: The information office can't be used for general waiting.

- **Accounts Office: 8:45 AM – 3:30 PM (All sorts of payments are cashless.)**

 ***Entry & Waiting Guidelines***

- **Parents may wait in the designated area only for valid reasons, such as:**
 - i. Medical emergency of the student.
 - ii. Siblings with different dismissal times.
 - iii. Work/ appointment with Admin/Accounts/Faculties/ Leadership team.
 - iv. Required due to distant residence: If your residence is far away and you have to wait, please email the school along with your address within the next 3 working days. A maximum of 12 parents will be approved based on distance.
Email address: iodh1@dis.edu.bd.

Please note: The school will not mediate or be held accountable for any internal conflicts or altercations that arise between parents.

 ***Visitor Protocol:***

- Kindly sign in at the gate.
- Collect and display Visitor Cards.
- Exit after completing your purpose and return the Visitor Card.

 ***Student Pickup***

- Students must carry their Bearer Card.
- No student will be released without it.
- If your child goes home alone, please contact the information officer, fill out the 'Permission Form' and submit it with your signature.

We appreciate your understanding and support in ensuring the safety and smooth functioning.

Regards,



Nazah Salawat
Principal
DIS, EM, Dhanmondi Branch

Permission Form: Student Leaving School Unaccompanied

To,

The Authority

Daffodil International School

Road-14, House-11, opposite of Sobhanbag Mosque, Dhanmondi, Dhaka

Subject: Permission for my child to leave school campus alone after dismissal.

Dear Madam,

I, the undersigned, hereby give my consent for my child to leave the school premises alone after regular school dismissal time. I understand that the school will not be held responsible for my child's safety once he or she has left the campus.

Please find the details below:

Student's Name: _____

Class : _____

ID Number : _____

Parent/Guardian's Name: _____

Relationship to Student: _____

Contact Number: _____

Full Address:

Effective From (Date): _____

I confirm that I take full responsibility for my child's commute after dismissal and that this arrangement has been discussed with my child.

Parent/Guardian's Signature: _____

Date: _____

Approval from School:

Name: