



**VISIT TO THE KIRAN NADAR MUSEUM OF ART**

**PLOT NO. 3 A, SECTOR 126,**

**NOIDA, U.P.**

**CLASS : V**

**ART IS AS NATURAL AS SUNSHINE AND AS VITAL AS NOURISHMENT**

Dear Parent,

In continuation of our endeavour to expose school children to different experiences for their overall development, it is proposed to organise an Educational trip to **KIRAN NADAR MUSEUM OF ART** for students of class **V on 25<sup>th</sup> August, 2017 during SCHOOL HOURS.**

KNMA believes in boosting aspirations of students of all ages. In an attempt to bring museum into the schools, the KNMA offers outreach programs for schools, wherein hands on experiences are crafted and created for school children to learn about art. Art education is a priority for the Museum and for that purpose; talks are led by curators in order to enable activity, discussion and learning. Integrating art in the minds of the young helps create an appreciative attitude towards the arts.

The Museum encourages children to get initiated in art making through workshops on various art and craft techniques. These include Shadow Art, Kite Making, Photo Frames, Mask Making, Glass Painting, Paper Sculptures, Fabric Collage, Paper Collage, *Mosaic* among numerous others facilitated by the Museum Educators.

This is indeed a unique opportunity for your ward to participate and imbibe holistic learning.

**Please note that the KNMA can accommodate only 60 students in a visit for workshop. After seeing the consistent and praiseworthy performance of a few students in the subject, they have been selected for the prestigious visit. Art material to be used as well as healthy refreshment will be provided to all the students free of cost by the museum.**

**Last Date for submission of consent form is 18<sup>th</sup> August 2017.**

**It is an optional visit and NOT a mandatory visit.**

**Asha Prabhakar**  
(Principal)

स्वच्छ भारत  
एक कदम स्वच्छता की ओर

**CONSENT FORM**

I hereby confirm that my ward \_\_\_\_\_ of Class \_\_\_\_\_ Section \_\_\_\_\_ will join the above trip. I understand that the school teacher will take all possible care and precaution to ensure safety of my ward. However, in case of any injury or mishap, I will not hold School Management, teachers or the organisers responsible. My ward is medically fit.

PARENT'S NAME..... PARENT'S SIGNATURE .....

ADDRESS ..... MOBILE.....

