



KOTHARI INTERNATIONAL SCHOOL

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KIS/OCT /2021-22/198

05/10/2021

HALF YEARLY EXAMINATION **IGCSE-9**

Dear Parent

Please be apprised that the **Half Yearly Examination for IGCSE-9 commences on Wednesday October 21, 2021.**

You are requested to fill in the Consent Form for taking Online /Offline Examination. We however recommend that your Ward opts for the experience of a physical examination in the School premises.

PFA the Datesheet and Syllabus for the same.

Warm Regards

Dr. Sangeeta Arora
Principal,
Kothari International School.

KOTHARI INTERNATIONAL SCHOOL, NOIDA
GRADE: IGCSE 9 SESSION: 2021-2022
DATE SHEET HALF YEARLY EXAMINATION

<u>DATE</u>	<u>DAY</u>	<u>SUBJECTS</u>	<u>SYLLABUS</u>
21/10/2021	THURSDAY	MATHEMATICS	1. Review of number concept 2. Making sense of algebra 3. Lines, angles and shapes 4. Collecting, organising and displaying data 5. Fractions and standard form 6. Equations and rearranging formula 7. Perimeter, area and volume 8. Introduction to probability 9. Sequences and sets
23/10/2021	SATURDAY	ECONOMICS	Chapters 1- 10
26/10/2021	TUESDAY	PHYSICS	Chapters 1- 10
28/10/2021	THURSDAY	ENGLISH	Paper 2 - All Components 1) Narrative Writing 2) Descriptive Writing 3) Persuasive Writing - Extended Writing: Letter, Article or Speech
30/10/2021	SATURDAY	CHEMISTRY	Stoichiometry Chemical Bonding, Periodic Classification Writing Chemical Formula
01/11/2021	MONDAY	BIOLOGY	Chapters 1- 10
02/11/2021	TUESDAY	GERMAN	Paper 2 - Reading , Paper 4- directed Writing
08/11/2021	MONDAY	ICT	Chapters 1-6 & Chapter 19

RASHMI KAUL
(CONTROLLER EXAMINATION)

DR SANGEETA ARORA
(PRINCIPAL)

CONSENT FORM FOR HALF YEARLY EXAMINATION
GRADE: IGCSE 9

Name of the Student:	Grade /Section:
Father's Name:	Mother's Name:
Contact No. Of Parent:	

I, _____ Parent of _____ of Grade _____ Section _____
give my **consent for my Ward** _____ / **do not give consent for my Ward** _____ to take the Half Yearly Examination in School (Offline/Online). I am aware that the School will not provide transport and meals for my Ward.

I confirm that I will not hold the school responsible for any untoward occurrence in the current COVID – 19 scenario as I am aware and satisfied that the school is following all Government Covid Directives regarding hygiene, sanitisation, physical distancing, wearing masks, temperature checks etc.

I understand and agree that my child will comply with the following:

- ☐ Wear a mask at all times and allow a temperature check at the Gate.
- ☐ Maintain 6ft physical distance as far as feasible.
- ☐ Follow all classroom rules.
- ☐ Sanitise or wash their hands regularly.
- ☐ Carry a snack for themselves.
- ☐ Bring and use only their own water bottle.
- ☐ Bring and use only their own sanitiser.

My Ward will return home on his/her own _____ /I will pick up my Ward from School _____. (Please tick the correct option)

Father's Signature: _____ **Mother's Signature:** _____

Father's Name: _____ **Mother's Name:** _____

Date: