

**Oshwal Academy Nairobi – Junior High**  
(Owned and Managed by Oshwal Education & Relief Board)

First Avenue Parklands  
Phone No. 3745544/3741918  
Mobile No. 0725529622  
0734745555

P O Box 1130  
00606 SARIT CENTRE  
Email: [head-oanjuniorhigh@oerb.org](mailto:head-oanjuniorhigh@oerb.org)  
Website: [www.oanjuniorhigh.ac.ke](http://www.oanjuniorhigh.ac.ke)

OA/EW/054/2011

February 3, 2011

Dear Parent / Guardian,

Your daughter \_\_\_\_\_ of Year \_\_\_\_\_ has been selected to represent the school in **ISSAK Hockey League match on Saturday 12<sup>th</sup> February 2011**. Students who are taking part will leave school at **3.00 p.m.** on Friday 11<sup>th</sup> to reach Nakuru town for accommodation at Jalaram Temple.

The team will leave on **Saturday 12<sup>th</sup> February** at about **7.00 a.m.** for St. Andrews Turi for a match from 9.00 a.m. to 11.00 a.m. They are expected back on Saturday 12<sup>th</sup> February 2011 at about **4.00 p.m.**

You may give your child some money for personal use. They will be accompanied by Ms. A. Mwariri (0723715549).

Kindly fill the indemnity form below and return it to Ms. A. Mwariri on or before **Tuesday 8<sup>th</sup> February 2011**.

Thanking you.

Yours sincerely,

\_\_\_\_\_  
C. BANERJEE (MR)  
HEAD OF SCHOOL

\_\_\_\_\_  
T. MULI (MR)  
OAN - SPORTS CO-ORDINATOR

**INDEMNITY FORM**

**TO BE RETURNED ON / BEFORE TUESDAY 8<sup>TH</sup> FEBRUARY 2011**

I, Mr. / Mrs. \_\_\_\_\_ Parent / Guardian of \_\_\_\_\_ of year \_\_\_\_\_ agree to send my son / daughter / ward to represent the school in **ISSAK Hockey League match on Saturday 12<sup>th</sup> February at St. Andrews Turi - Molo**. I understand that while every care will be taken to ensure the safety of the students, the school will not be responsible in the event of any accident, injury, loss of property, or any other unforeseen occurrence which responsibility will be borne by me. I hereby permit my son / daughter / ward to attend.

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's mobile No: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign this consent form and return it back to Ms. A. Mwariri on / before **Tuesday 8<sup>th</sup> FEBRUARY**. PLEASE DO NOT SEND YOUR CHILD FOR THE TRIP IF HE / SHE IS UNWELL. ALSO NOTE THAT IF THIS FORM IS NOT RETURNED BACK TO MS. MWARIRI ON THE DAY OF THE TRIP, YOUR CHILD WILL NOT BE ALLOWED TO TRAVEL.