



**NEW HORIZON WORLD ACADEMY, KALYAN
ACADEMIC YEAR 2025-26**

Date: 20-01-2026

Circular No. NHWA/SVSS/ACD 2025-26/60

Dear Parents,

Subject: Hiking/Trekking Activity for Scouts and Guides Sessions for 2025-26

We are pleased to inform you about the Hiking Activity of Scout and Guide students at New Horizon World Academy Kalyan . These sessions are aimed at fostering teamwork, leadership, skills, outdoor activities and character development among our students.

Note: This activity is only for Scout and Guide students.

Details of the sessions are as follows:

Date: Saturday, January 24, 2026

Venue: Mulgaon Trek

Reporting Time: 7:15 a.m

Dispersal :- 3:00 p.m.

Objectives of the Scout and Guide Sessions.

1. Instill leadership qualities and team spirit.
2. Develop problem-solving skills and creativity.
3. Promote outdoor activities and physical fitness.
4. Encourage responsible citizenship and community service.
5. Foster a sense of adventure and exploration.

Session Activities:

1. Hiking and Trekking
2. Cooking without fire
3. Team building games

Students to carry :

1. Two water bottles and a Tiffin box.
2. It is mandatory to wear a Scout/Guide uniform with shoes.
3. Cap if required.
3. Notebook and pen.
4. Activity materials: **Cooking without fire.**
5. One Bed sheet

We believe that these sessions will provide valuable learning experiences for your child. We encourage your child's active participation and look forward to their growth through these sessions.

Thank you for your cooperation.

Warm regards,

**Mrs. Bhawana Trivedi
New Horizon World Academy Kalyan**



NEW HORIZON WORLD ACADEMY, KALYAN
ACADEMIC YEAR 2025-26
CONSENT LETTER FOR SCOUT & GUIDE HIKING/TREKING

The Principal,
New Horizon World Academy Kalyan,
Khadakpada, Kalyan (West)

Respected Madam,

I/We wish to send my son /daughter for Scout and guide hiking 24th JANUARY 2026. I agree and understand that the school will do its best for the safe and smooth conduct of the Hiking/ Trekking activity, still in case of an unnatural happening; I will not hold the school responsible.

Name : _____ Std / Div : _____

Roll No. _____ Age _____

Address: _____

Ailment / Allergy / Medication _____

Blood Group _____

Mobile No. _____ Emergency No.: _____

- I understand that my child will need to act responsibly and reasonably.
- I understand that the school aims to provide safe learning experiences for my child.

**KINDLY SUBMIT THE FORM TO VIKRAM SIR/MAHESH SIR ON OR BEFORE
22/01/2026 (THURSDAY)**

Signature of Parent _____

Name of Parent _____