

SACRED HEART PRE-PRIMARY SCHOOL
SECTOR 26, CHANDIGARH

Registration No.

Date:

Dear Parents,

On behalf of the Sacred Heart School Management, Staff and Students, I extend a warm welcome to your daughter. We wish her all the best and we hope that she will enjoy her stay with the Sacred Heart Family.

You are requested to fill the school admission form on the dates and timings mentioned in the LKG Admission Schedule 2023-24 (attached herewith).

PLEASE NOTE:

- Kindly bring this form with you at the time of completing your daughter's admission formalities.
- **You are requested to have the following documents ready when filling in the Admission Form.**

S No	Particulars
1	Original Acknowledgement slip
2	<u>Original and attested photocopy of birth certificate</u>
3	Alumni : 1) School leaving certificate/Class 10 pass certificate. 2) List detailing the support given to the school
4	A Demand Draft of Rs. 32000/- (Admission Fee - Non Refunable) in favour of "Sacred Heart Pre-Primary School" payable at Chandigarh
5	Copy of 'Declaration'
6	The 'School Health Record' form duly completed, signed and stamped by a certified MBBS Doctor.
7	This list of instruction as well, duly signed below.

- Both the parents are required to be present at the time of Admission in order to complete the Admission formalities. Signatures of both parents are mandatory at the time of admission.
- Admission will be confirmed only after the submission of the filled Application Form, the submission of the Admission Fee and submission of all the Documents.
- If all the admission formalities are not completed on the allotted date and time, the admission stands forfeited. If you have a genuine reason for not doing so, kindly inform in person and in writing, before or on the allotted date and avail another date. In the eventuality of not doing so, your case will not be considered and your seat will be given to the waiting list candidates.

- No information regarding admission will be provided on telephone.
- Ensure that you collect the Entrance Slip after the completion of all admission formalities. You are requested to retain and show the ENTRANCE SLIP
 1. At the time of the parents' orientation. (in order to gain entry)
 2. The first day of her class, without which she will not be permitted to sit in the classroom.
- Details of the commencement of the classes will be intimated to you by the last week of March, 2023.

KINDLY NOTE:-

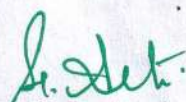
- i) The amount once paid is not refundable.
- ii) The school fee for the first quarter will be paid w.e.f. 01.04.2023.

Very Important:

- iii) All the documents submitted (originals/copies and photographs) will be the property of the school and will not be returned.

BUS SERVICES:

Sacred Heart Sr. Sec. School, Chandigarh does not own any bus. However, there are a few private contractors plying buses, under contract with the school. Parents will be able to avail this facility only on the availability of seats. The buses are being run on pre-designated routes. These routes are available on the school website. Please note that parents will be responsible for arranging transportation for their child if no seat is available on the buses or the child stays outside the already designated routes. Please note: **NO REQUESTS FOR NEW ROUTES/CHANGE IN ROUTES WILL BE ENTERTAINED.**


Principal

Signature:

Father

.....

Mother

.....

Legal Guardian (If any)

SACRED HEART PRE-PRIMARY SCHOOL

SECTOR 26, CHANDIGARH

L.K.G. : 2023-24

Waiting List

REGISTRATION No.s
SHSCDG0486
SHSCDG0163

The candidate who has been selected for the waiting list, kindly note:

1. Being on the waiting list does not give the candidate any claim on a seat in the school.
2. Candidate on the waiting list is required to find out on 2nd February, 2023 from the school office between 10:00a.m. and 12:00 noon if there are any vacancies. NO SEPARATE INTIMATION WILL BE SENT. Kindly present your acknowledgement slip at the time of making enquiries.
3. Admission formalities for the waiting list candidate (Subject to availability of seat after the first round of admissions are completed) must be completed on 5th February, 2023 between 10:00a.m. and 12:00noon failing which, all rights of admission stand forfeited.
4. After 5th February, 2023, the waiting list stands null and void and the candidate will have no further claim to admission in the school thereafter.

Principal

PRINCIPAL
SACRED HEART SR. SEC. SCHOOL
SECTOR 26, CHANDIGARH

Declaration

I/We, Parents/Guardian of _____ do hereby declare that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, my/our child/ward shall be automatically debarred from the selection/admission process without any intimation in this regard. In case it also comes to the knowledge of the management, on detailed verification of the documents submitted, or at any point thereof, that the information furnished is incorrect or wrong, or the documents submitted have been forged/fabricated/tampered with, the admission will stand cancelled forthwith, without any notice and without having any right to claim a refund of the fee paid. The Management also reserves the right to initiate appropriate proceedings in case of any of the above contingencies. I/We also undertake to indemnify the school, its staff, its management and all people claiming under it from any action, issue or damage that may arise, irrespective of it being criminal or civil, due to the information having been provided by me/us being false.

We/I accept the process of admission undertaken by the school and acknowledge the school's right to deny admission to the children/wards of persons working against the interests of the school/management. We/I know that this school is a Private Unaided Christian Minority Institution. We/I also understand that the application/registration/short listing does not guarantee admission to my child/ward. We/I will abide by the decision taken by the school authorities. No claim in this regard will be entertained at a later stage for any mistake made by me/us.

That We/I are/am fully aware of the school's fee structure for the year 2022-23 and I/we understand that the fees may be increased by up to 8% for the year 2023-24 and likewise for the subsequent years the fees may be increase vis-à-vis the fees prevalent in the immediately preceding year. I/we accept the same and further I/we also understand that there are ancillary expenditures which arise from time to time and I/we undertake to pay the same. I/we also accept that in the eventuality that I/we am/are unable to pay my/our daughter's fee, I/we will withdraw her from the school and will not seek a concession as I/we understand that the school already shoulders the expenses for the EDG children enrolled in the school. I/we further declare that I/we have not submitted any other form.

The Safety and security measures of the school have also been viewed by me/us and we are satisfied with the same.

I/We also undertake that the medical information provided by me/us regarding my/our child/ward is correct and nothing has been concealed there from and that incase any issue or action or damage arises due to our concealment of such medical facts, the school will not be held responsible and we undertake to indemnify the school, its staff and its management and all people claiming under it against any such actions, issues or damages.

Signature: _____ (Father) _____ (Mother) _____ (Legal Guardian, if any)

Date : _____

Parameters of Annual Medical Checkup

Date/Month/Year				
General Cleanliness				
Allergy (if any)				
Past/ Family history				
GENERAL EXAMINATION				
Height (in cms)				
Weight (in kg)				
Nails				
Hair				
Skin				
Anemia				
(Mild/Moderate/Severe/Nil)				
E.N.T. EXAMINATION				
Ear (External/Internal)				
Rt. L.F.				
Nose				
Throat (tonsils)				
Neck (Lymph Nodes)				
DENTAL EXAMINATION				
Tooth Cavity				
Plaque				
Gum Inflammation				
Stains				
Tartar				
Bad Breath				
Gum Bleeding				
SYSTEMIC EXAMINATION				
Respiratory System				
Cardiovascular System				
Abdomen				
Nervous System				
EYE EXAMINATION				
Conjunctival/Cornea				
Vision				
Right Eye				
Left Eye				
Squint				

Preferred hospital where the child can be taken in case of emergency with the name and contact number of the Doctor:

Undertaking: All information is correct and nothing has been concealed. I/We authorize the school to take my/our daughter for emergency treatment to the hospital.

Signature:
 Father Mother legal Guardian (If any)

SACRED HEART SR. SEC. SCHOOL SECTOR 26, CHANDIGARH

SCHOOL HEALTH RECORD

PLEASE NOTE: PARENTS ARE REQUESTED TO DISCLOSE ALL INFORMATION AS THIS MAY BE VITAL IN CASE OF AN EMERGENCY AND IN THE HANDLING OF YOUR CHILD.

General Information

Name :	Father's/Guardian's (if any) Name																				
Class :																					
Admission No. :	Mother's Name																				
Date of Birth :	Address:																				
.....																					
Recent Passport sized Photograph of the child (not more than one month old)	PHONE NOS																				
	Office:																				
	Residence:																				
	Mobile																				
EMERGENCY CONTACT NUMBER																					
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					

NAME AND CONTACT NUMBER OF DOCTOR IN CASE OF EMERGENCY

Note: The School's before implementing the Health Cards may consult a local Registered practitioner.

Both sides of this form to be submitted at the time of Orientation Day

HEALTH HISTORY

Name of the student:Class.....
 Date of birth: Blood group:
 Father's name: Mother's name:
 Address:
 Admission no. :

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2Months		
	3 Months		
	4Months		
Oral Polio	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HB	18 Months		
Typhoid	2 Years		
Hepatitis B (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT-OPA	4 1/2 Year		
Booster Doses			
Typhoid (Every 3 Year)			
TT (Every 5 Year)			
Other Vaccines			

Doctor's Observation.....

Signature: Father Mother Legal Guardian (if any)

Allergies to	What Happened	How severe	Medication Taken at the Time of Allergies
Worm Infection	What Happened	Consulted with Doctor or Not	Medication Taken for W.I.
Any Other Medical Issue			

Has the child undergone any surgery? If yes, please mention the details below:

Does the child have any problem during physical activity?

Signature: Father Mother Legal Guardian (if any)

To be certified by a Registered Medical Practitioner

Date of physical examination Height..... Weight.....

B.P. : Pulse :

CLINICAL EXAMINATION	NORMAL	RECOMMENDATION
Head/Neck		
Abdomen		
Surgery		
Serious Illness		

Summary of Current Health Condition,

Any previous medical history/ or any other information pertaining to the child's physical/ mental/ emotional well being?
 Does your daughter have any medical issue that the school needs to be aware of, to ensure the safety of your daughter?

e.g. seizures/fits, cardiac, diabetes, blood pressure etc.

Fits to participate in age specific physical/ other activity

Fit to participate in age specific physical/other activity with precaution

Should not participate in the following sport/ activity:

Name of Doctor: Signature of Doctor