



- Affiliated to CBSE, New Delhi. Affiliation No. : 1130172
- Address : Somwar Peth, Panhala, Dist : Kolhapur.
- Mail : sanjeevanpublicschool@gmail.com
- Phone : (0231) 2686809, 2686810

Holy-Wood Academy, Kolhapur's

SANJEEVAN PUBLIC SCHOOL

Student's
Photo

Father's
Photo

Mother's
Photo

Registration No.		Admission Date	
Class Admitted		GR No.	
Academic Year		CBSE	
		Day Boarding	<input type="checkbox"/>
		Boarding	<input type="checkbox"/>

Student Information

Student's Full Name	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>	<small>SURNAME NAME</small>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Adhar Card No		Passport No	
Birth Place			
Caste		Sub - Caste	
Sub - Caste			

Address for Communication

House No. or Building No.	
Street	
City	
Pin Code	
Mobile No.	
Telephone (Code)	
Mobile No.	

Family Information

Father Name	<input type="text"/>
Qualification	<input type="text"/>
Occupation	<input type="text"/>
Address for Communication	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
Landline (Code)	<input type="text"/>
Mobile No.	<input type="text"/>
Email ID	<input type="text"/>

Mother Name	<input type="text"/>
Qualification	<input type="text"/>
Occupation	<input type="text"/>
Address for Communication	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
Landline (Code)	<input type="text"/>
Mobile No.	<input type="text"/>
Email ID	<input type="text"/>

Student Living with

Local Guardian Name	<input type="text"/>
Qualification	<input type="text"/>
Occupation	<input type="text"/>
Communication Add.	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
Landline (Code)	<input type="text"/>
Mobile No.	<input type="text"/>
Email ID	<input type="text"/>

Both Parents	<input type="text"/>
Father	<input type="text"/>
Mother	<input type="text"/>
Guardian	<input type="text"/>

Student Passport Details

Passport No	<input type="text"/>
Type & Country Code	<input type="text"/>
Date of Issue	<input type="text"/>
Date of Expiry	<input type="text"/>

Details of Siblings

Student Name	Age	Institution Studying in	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Education

Name of the Institution	<input type="text"/>
Communication Add.	<input type="text"/>
Reason for Withdrawal	<input type="text"/>

Father Signature

Mother Signature

Guardian Signature

Principal Signature

UNDERTAKINGS BY PARENTS

- 1) I / We have read the Hostel Rules and Regulations laid down by the school to abide by them.
- 2) I / We hereby authorize the persons as stated on Page 1 of this form to act as Local Guardians for my / our son / daughter. I / We also delegate my / our responsibility to him / her and authorize him / her to take necessary decision and action in my / our absence.
- 3) I / We certify that my / our residential address and the Local Guardians address and contact details as mentioned on Page 1 of this form are correct. In case of any change, I / we will intimate the same to the school management within 3 days.
- 4) My / our ward will not indulge in any act of RAGGING. If he / she is found indulging in any such act or misbehavior, disciplinary action may be initiated against him / her as per the provisions of the Act No. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and he / she may be expelled from the school if found guilty. If my / our ward is involved in any act of ragging, an FIR may be lodged against him / her.
- 5) I / we have gone through the hostel guidelines and read through the fee structure and payment schedule. We agree to abide by them and strictly adhere to the payment schedule given. I / We will deposit the fees in full before the beginning of each term. The school fees and penalty, which is due towards payment by me, will be paid within 30 days. If I / we default in making the payment, I / we are aware that, I / we will be asked to withdraw my / our ward. I / We will accept such a decision of the school authorities.
- 6) I / We have carefully read the "LEAVE RULES" of the institution for Sanjeevan Public School Hostels. I / We understand that no leave is granted to the students unless approved by the Principal / Sr. Coordinator. The gate pass will be issued only to me / us or to the authorized local guardians to take my / our ward, out of the hostel during regular week end outings / leave for special occasions.
 - a. Leave for attending marriage :
 - i) I / We understand that the application for leave to attend marriage will be supported by a marriage invitation card.
 - ii) I / We understand that in addition to the travel time, only two days leave will be permitted for the following cases :
 - a) Marriage of real brother & sister.
 - b) Marriage of Parents real brother & sister.
 - b. Leave on account of death in the family.
 - i) I / We understand that such leave is permissible to offer condolence only in the event of death of an immediate relation in the family.
- 7) I / We shall ensure that my / our ward will report back to the school on the assigned date as mentioned in the leave application. He / she will join back on the day the school reopens after vacations as per the dates specified in the school calendar. I / We understand that if my / our ward fails to join back on the assigned date, necessary disciplinary action may be taken against him / her as per the school rules and regulations.
- 8) I / We understand that my / our ward will be expelled from the school for any of the following act :
 - a) Using unfair means in any examination.
 - b) Consistent unsatisfactory progress.
 - c) Any act of Immorality as per social norms.
 - d) Grave insubordination.
 - e) Stealing or extortion of money or any item from other students.
 - f) Contempt of authority.
 - g) Leaving the hostel or school premises without prior permission.
 - h) Damaging school property.
 - i) Any word, statement or action likely to undermine the reputation of the institution.
 - j) Bullying, assaulting and any act of ragging.
 - k) Smoking, drinking alcohol and use of other psycho tropic drugs and substances.
- 9) I / We certify that all information related to the medical history of my / our ward is correct & complete. I / We understand that the school will do its best to provide routine medical aid, but will not be held responsible for any sickness / undisclosed disease. I / We understand that in case of communicable / infectious diseases, my / our ward will be sent back home. I / We / local guardian will pick him / her up from the hostel.
- 10) I / We understand that in case of planned surgical procedures, we will duly inform the school authorities and formally apply for leave for my / our ward supported by all medical details & papers. I / WE / Local Guardian will personally pick up our ward. My / Our ward will join back after complete recovery and a medical fitness certificate from the concerned medical practitioner.
- 11) If my / our ward leaves the school campus without permission, the school authorities may lodge on FIR with the local Police Station. I / We will have no right to question and raise objections to this action. The school will not be held responsible in the event of any accidental mishap or untoward incident in such circumstances.
- 12) I / We will try to attend the PTM as per the schedule given in the School Almanac. In case of my / our inability to do so, I / We will ensure the Local Guardians attend the PTM on our behalf.

- 13) I / We shall ensure that my / our ward will not carry any eatables, electrical gadgets, mobile phones or any other costly items to the hostel and school.
- 14) I / We & my / our family shall visit my / our ward only on the specified days stated in the visiting schedule for the Parents / Local Guardian.
- 15) I / We will not visit the rooms of the students without proper permission from the Principal / Sr. Coordinator / Warden.
- 16) I / We assure that I / We will extend full cooperation to the School authorities in the interest of my / our ward.
I / We have read the rules and regulations of the Sanjeevan Public School (Hostel & School) and agree to abide by them. If, in spite of precautions taken by the school, any mishap, accident, injury or death takes place during the period of my / our ward's stay in the school and hostel or if and when he / she joins a tour, excursion, sports activities or camp, I / We will not hold the school or any member of its staff wholly or partly responsible for it.

(Father's Signature)

(Mother's Signature)

UNDERTAKINGS BY LOCAL GUARDIANS

- 1) I / We hereby agree to be the Local Guardian (s) for Master / Miss _____ son / daughter of _____ Mr. / Mrs. _____ and agree to take his / her responsibility in the absence of the parents.
- 2) I / We hereby undertake that I / We have read the Hostel Rules & Regulations of the School and agree to abide by them.
- 3) I / We confirm that my / our address and contact details are as mentioned in Page No. 1 of this form and in case they are changed I / WE will intimate the same to the school management within 3 days.
- 4) I / We hereby undertake that in case of any sickness, particularly in case of any infectious / communicable disease or any emergency, it will be my / our responsibility to keep the ward with me / us during directed period by the school authorities.
- 5) I / WE have studied the leave rules of the institution. I / We assure that, I / WE will follow the stipulated timings. I / WE and my / our family shall visit my / our ward only on the days specified in the Visiting Schedule for the Parents / Local Guardian.
- 6) I / WE will personally pick up and drop him / her back as per the scheduled time of return for weekend outings / leave etc. I / We assure that I / we will always adhere to all rules related to the issue and submission of GATE PASS.
- 7) I / We shall ensure that my ward will report punctually to the school on the school opening days specified in the School Calendar failing which, disciplinary action may be taken against him or her. I / WE are aware that such action may even be withdrawal from school.
- 8) I / We will not visit the rooms of the students without proper permission from the Principal / Sr. Coordinator / Warden.

(First Local Guardian's Signature)

(Second Local Guardian's Signature)

For Office Use Only

Principal's Remarks :	Documents Submitted	Originals	Photocopy
.....	Transfer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
.....	Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
.....	Address Proof	<input type="checkbox"/>	<input type="checkbox"/>
.....	Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>
.....	Student Photo	<input type="checkbox"/>	<input type="checkbox"/>
.....	Father Photo	<input type="checkbox"/>	<input type="checkbox"/>
.....	Mother Photo	<input type="checkbox"/>	<input type="checkbox"/>
.....	Migration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
.....	Caste Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Seal & Signature			



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Holy-Wood Academy, Kolhapur's

SANJEEVAN PUBLIC SCHOOL

Hostel Admission Form

Student's Photo	Student's Name		
	Residential Address		
	Residential Landline		
	Mobile No.		

Father's Photo	Father's Name		
	Mobile No		
	Occupation		
	Designation		
	Email ID		

Mother's Photo	Mother's Name		
	Mobile No		
	Occupation		
	Designation		
	Email ID		

Guardian Photo	Guardian's Name		
	Occupation		
	Residential Phone		
	Address for Communication		
	Relationship with Student		
	Specimen Signature		

Father's Signature

Mother's Signature

Guardian's Signature



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Holy-Wood Academy, Kolhapur's

SANJEEVAN PUBLIC SCHOOL

School Health Record

Annexure - A

Affix recent
ID - size
colour
Photograph

General Information			
Registration No.	<input type="text"/>	GR No.	<input type="text"/>
Student's Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's / Guardian's Name	<input type="text"/>		
Address for Communication	<input type="text"/>		
Phone No. (With Code) - Residence	<input type="text"/>		
Phone No. (With Code) - Office	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		

Student's Full Name	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>	<small>SURNAME NAME</small>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Class
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Group	<input type="text"/>		
Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>

● VACCINATIONS ●

Immunization	Age Recommended	Due Date	Date
BCG	0 - 1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT + OPV + HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPA	4 ½ Year		

● BOOSTER DOSES ●

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Father's Signature	<input type="text"/>	Mother's Signature	<input type="text"/>
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● HEALTH HISTORY ●

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

Does the child have any problem during physical activity : _____

Father's Signature		Mother's Signature	
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● TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER ●

Date of physical examination	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Height		Weight						
B. P.		Pulse						
Vision L		Vision R						
Squnit		Conjunctiva						
Cornea		Ear - Left		Ear - Right				

Clinical Examination	Normal	Recommendation	
Head / Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition, _____

Fit to Participate in age specific physical activity _____

Fit to participate in age specific physical activity with precaution _____

Should not participate in competitive sport _____

Doctor's Name	
Doctor's Signature	

