



ATTACH  
STUDENTS  
PHOTOGRAPH  
HERE

The Principal,  
PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE  
PANCHGANI 412 805.  
Maharashtra, INDIA.  
Phone: 02168 - 240900, 240901, 240902.

Dear Sir / Madam,

I / We desire that my / our \_\_\_\_\_ may be admitted to PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE, PANCHGANI, and that he / she may be allowed to begin attendance on \_\_\_\_\_ 20\_\_\_\_\_. I / We have carefully read the Prospectus containing the Regulations and Requirements of the Institution and I / we hereby agree to abide by them.

I / We also agree to the pecuniary terms of the Institution.

I / We undertake to pay the Fees on admission. After admission if my son / daughter is unable to accept the place, the fees is NOT refundable under any circumstances.

**Particulars of the candidate to be filled in BLOCK LETTERS ONLY.**

Name in Full - (In Block Letters)	Surname :	Child's Name :	Father's Name :
Date of Birth - Attach Photostat copy of birth certificate	In figures :	In words :	
Place of Birth :	District & State :		

Nationality \_\_\_\_\_ Passport No. \_\_\_\_\_

Religion \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Standard in which seeking admission in PINEWOODS.

Name of the last school, full address \_\_\_\_\_

Medium of Instruction \_\_\_\_\_

Standard Completed \_\_\_\_\_ Year \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

Yearly Income \_\_\_\_\_ Occupation \_\_\_\_\_

I have read the Prospectus and agree to abide by the rules in all respects, and also accept that they may be changed from time to time without notice.

Date \_\_\_\_\_

Signature of Father/ Mother/ Legal Guardian

**IMPORTANT:**

On confirmation of admission please fill the above from and address to the Principal, together with 1) Child's last school report, 2) Original copy of the Leaving Certificate from the last school, duly attested by the Education Officer.)

**FOR OFFICE USE ONLY:**

Admission test conducted on

Admission Granted in Grade

Academic Year

Papers Submitted

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE, PANCHGANI.**

Fill in the following FORM in CAPITAL LETTERS.

NAME OF STUDENT: \_\_\_\_\_

FATHER'S FIRST NAME: \_\_\_\_\_

FATHER'S MIDDLE NAME: \_\_\_\_\_

FATHER'S LAST NAME: \_\_\_\_\_

MOTHER'S FIRST NAME: \_\_\_\_\_

MOTHER'S MIDDLE NAME: \_\_\_\_\_

FULL RESIDENCE ADDRESS WITH PINCODE:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. OF RESIDENCE: \_\_\_\_\_

FULL OFFICE ADDRESS WITH PINCODE:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. OF OFFICE: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

PERMANENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

ANY CLOSE RELATIVES' FULL ADDRESS WITH PINCODE:  
\_\_\_\_\_  
\_\_\_\_\_

RELATIVES' PHONE NO.: \_\_\_\_\_

RELATIVES' MOBILE NO.: \_\_\_\_\_

FATHER'S MOBILE NO.: \_\_\_\_\_

MOTHER'S MOBILE NO.: \_\_\_\_\_

E-MAIL ID: \_\_\_\_\_

Signature of: \_\_\_\_\_

**Father**

\_\_\_\_\_

**Mother**

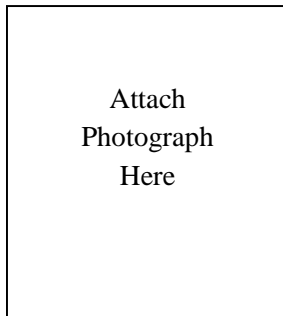
\_\_\_\_\_

**Legal Guardian**

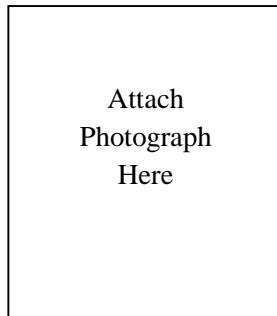
**PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE**

PANCHGANI 421 805, Maharashtra, INDIA.

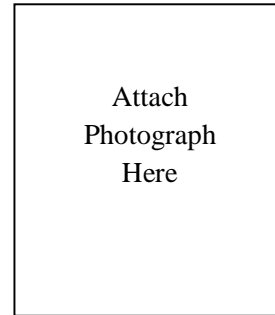
**FORM B**



**MOTHER**



**FATHER**



**GUARDIAN**

Declaration to be signed by Parent / Guardian at the time of admission.

1) I \_\_\_\_\_ Parent /guardian of \_\_\_\_\_ have carefully, read the PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE'S prospectus and I accept the terms. Conditions, principles and procedures on which the institution functions and agree to abide by all the rules and regulations (or any substitutions for or modifications in them, which may be made by the school authorities from time to time). I shall particularly carry out the rules and procedure regarding the payment of the fees and other dues, fully accept the Principal's absolute discretion and decision in the matter of discipline, promotion and admission of students.

2) Fully realising that in the course of normal life and the many-sided and strenuous training given in the institution particularly in physical activities and excursions and trips, accident are likely to occur, resulting sometimes in serious damage to life and limb, I hereby absolve the institution of all reasonability in case such accident or accidents befall on my son / daughter / ward in this institution after making sure of its capability in taking normal precautions.

3) I specifically accept the conditions that the name of my son / daughter / ward is liable to be removed from the roll and the student to be sent home if the payment of fees falls in arrears for more than two months from the date of bill.

4) I accept the Principal's absolute discretion in the regard to who is to be allowed to meet my son / daughter / ward during term time, where he / she is to be allowed to go or visit whilst he / she is at institution and what personal expenditure he / she is to be allowed.

5) I agree that the institution may give or get for my son / daughter / ward any article urgently required by him / her and that bill for such articles will be sent to me.

6) I understand that the school maintains the right to remove / rusticate a student at any time and without reconsideration or appeal for low academic achievement or if the student fails to conform to the standards or discipline set by the institution.

7) I am fully aware that boys / girls are not admitted on trial and that fees once paid will not be refunded.

8) With regard to complaints of any kind, if any, I shall meet the School Authorities only and not the class Teacher or any other Teacher.

9) I have read the prospectus / visited the website, read all the rules and I am bound by all the rules of the institution and will abide by them.

9) I appoint \_\_\_\_\_ address \_\_\_\_\_ as a local guardian for my son / daughter / ward (in case of foreign students).

Date \_\_\_\_\_

Mother

Father

Legal Guardian

**PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE**  
**PANCHGANI 412 805, Maharashtra, INDIA.**

**FORM C**

**Certificate of General Health**

(To be filled in and signed by the Medical Officer)

A. This is to certify that I have examined today Master / Miss \_\_\_\_\_  
\_\_\_\_\_ aged \_\_\_\_\_ and I find  
that he/she is not suffering from any infectious or contagious disease and that he/she is physically  
fit in all respects to attend the boarding and to take part in all its activities.

1. (a) Height \_\_\_\_\_ (b) Weight \_\_\_\_\_ (c) Chest \_\_\_\_\_

2. Identification Marks (i) \_\_\_\_\_ (ii) \_\_\_\_\_

3. (a) Last Inoculation taken on :

(b) Last Vaccination taken on :

4. Record after each disease given below with (+) for positive and (-) for negative, Depending  
whether the boy/girl has suffered from it or not :

I) Rheum, fever	<input type="checkbox"/>	II) Malaria	<input type="checkbox"/>
III) Typhoid	<input type="checkbox"/>	IV) Enuresis	<input type="checkbox"/>
V) Measles	<input type="checkbox"/>	VI) Nephritis	<input type="checkbox"/>
VII) Diphtheria	<input type="checkbox"/>	VIII) Mental retardation	<input type="checkbox"/>
IX) Worms	<input type="checkbox"/>	X) Poliomyelitis	<input type="checkbox"/>
XI) Asthma	<input type="checkbox"/>	XII) Dysentery	<input type="checkbox"/>

5. Other Information :

- i) Eyes: Refractive Error / Trachoma
- ii) Ears: Any discharge / disease / deafness
- iii) Nose: Epistaxis - D.V.S.
- iv) Tonsils: Chronic Enlargement
- v) G.I.T. - Appendicular Colic  
Any other colic
- vi) Hemia / Hydroceles
- vii) Phimosis

6. Any injury, illness or operation during the last two years?

7. Allergy to drugs: Penicillin, Sulha group, Quinine, Chloramphenicol, Ferramycin and any other  
drugs.

8. B. C. G.

9. Small Pox

10. Blood group \_\_\_\_\_ (Report of G6PD Blood Test to be enclosed)

Name of the doctor \_\_\_\_\_

Address \_\_\_\_\_

Signature / Seal of the Doctor

Date:

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**Certificate of General Health**

A. This is to certify that I have examined Master / Miss \_\_\_\_\_  
\_\_\_\_\_ aged \_\_\_\_\_

and I find that he / she is not suffering from any infectious or contagious disease and that he / she is physically fit in all respect to attend a boarding institution and to take part in all its activities.

B. That vaccinations / inoculations have been given for the following:

<b>Disease</b>	<b>Date of Inoculation</b>	<b>Validity Period / to be reported on</b>
a) Chicken Pox		
b) Measles		
c) Typhoid		
d) Cholera		
e) Diptheria		
f) Hepatitis B		

**Signature / Seal of Doctor**

**Date:**