



**The Principal,
 PINEWOODS INTERNATIONAL HIGH SCHOOL
 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, 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 School and I / we hereby agree to abide by them.

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

I / We undertake to pay the School 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 PINWOODS as a DAY SCHOLAR / BOARDER.

Name of the last school, full address _____

Medium of Instruction _____

Standard Completed _____ Year _____

Name of Parent / Guardian _____

Yearly Income _____ Occupation _____

Address of Parent / Guardian for correspondence _____

Telephone No / Telegraphic Address / Fax No. _____

I have read the School Prospectus and agree to abide by the school 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 in case of inter-state transfer.)

FOR OFFICE USE ONLY:

Admission test conducted on

Admission Granted in Grade

Academic Year

Papers Submitted

1. _____

2. _____

3. _____

4. _____

PINEWOODS INTERNATIONAL HIGH SCHOOL

PANCHGANI 421 805, Maharashtra, INDIA

FORM B

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'S prospectus and I accept the terms. Conditions, principles and procedures on which the school 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 school 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 school 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 school of all reasonability in case such accident or accidents befall my son / daughter / ward in this school 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 school and what personal expenditure he / she is to be allowed.
- 5) I agree that school 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 or adjusted against the amount deposited by me in the school.
- 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 school.
- 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 not the class Teacher or any other Teacher.
- 9) I appoint _____ address _____ as a local guardian for my son / daughter / ward (in case of foreign students).

Date _____

Signature
(Father/Mother/Legal Guardian)

**PINEWOODS INTERNATIONAL HIGH SCHOOL
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 a boarding school 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, Sulpha 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:

PINEWOODS INTERNATIONAL HIGH SCHOOL, PANCHGANI.

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 school and to take part in all its activities.

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

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

Signature / Seal of Doctor

Date: