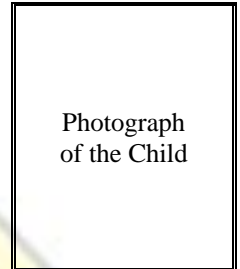




# Indian Heritage School

Pathankot – Dalhousie Road ,  
Bungal , Pathankot. 145001. (Punjab)

## Registration for Hostel Accommodation



1. a. Name of the Child \_\_\_\_\_
- b. Sex : Male / Female \_\_\_\_\_
- c. Class to which admission is sought : \_\_\_\_\_

2. Date of Birth : (in figures) 

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Date                      Month                      Year

(in words) \_\_\_\_\_

3. Place and Country of Birth \_\_\_\_\_

4. Language (s) spoken at home :  
(Please encircle the mother tongue )  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

5. Height : \_\_\_\_\_ cms

6. Weight : \_\_\_\_\_ kg

7. Has been inoculated ( ) : Triple Antigen / Polio / Measles / Cholera / Small Pox / Typhoid / BCG / Yellow Fever / Hepatitis A / Hepatitis B

8. Any special interest or hobbies in games, music or other extra co – curricular activities. Please specify.  
\_\_\_\_\_  
\_\_\_\_\_

9. History of serious illness in the past , if any : \_\_\_\_\_  
(Also enclose medical history sheet ) \_\_\_\_\_  
\_\_\_\_\_

10. Does the child has any identified allergies? \_\_\_\_\_

11. Any Physical / Mental Handicaps : \_\_\_\_\_

12. Record of previous education :

School Attended	Place	Year	Percentage / Marks	Status (Day Scholar or Boarder)

13. In case of non - resident Indian , has the child been to India before Yes / No

14. If yes then please specify the period and place of stay in India : \_\_\_\_\_

15. Name of all the brothers and sisters with their age :  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Has the child won any prizes or awards either for acrostic or any non – scholastic activity? Yes / No

(If yes , please give details ) :

\_\_\_\_\_  
 \_\_\_\_\_

17. Has the child been away from parents so far? Yes / No

(If yes , please give details ) :

\_\_\_\_\_  
 \_\_\_\_\_

18. Parent's Performa

Name of the Father : \_\_\_\_\_ Name of the Mother : \_\_\_\_\_

Occupation of the Father : \_\_\_\_\_ Occupation of the Mother : \_\_\_\_\_

Nature of duties : \_\_\_\_\_ Nature of duties : \_\_\_\_\_

Full address of Father / Mother with telephone Number(s)

a. Office : \_\_\_\_\_

b. Home : \_\_\_\_\_

c. Permanent home address if different from above :

\_\_\_\_\_

19. Local Guardian's Performa

Name of the Father : \_\_\_\_\_

Name of the Local Guardian : \_\_\_\_\_

Relationship , if any , with the child : \_\_\_\_\_

Full address of the Local Guardian with telephone Number(s)  
\_\_\_\_\_

I certify that the information furnished above is complete and correct to the best of my knowledge.

Date : \_\_\_\_\_

**Signature of Parent**

**Name :** \_\_\_\_\_

I agree and understand that registration of my child/ward is no guarantee of admission. I affirm that if my ward is admitted to the Hostel , he/she will remain hosteller till he/she studies in this School and that I will not request for changing his/her status from a boarder to a day scholar.

Withdrawal from School Hostel at any time would mean withdrawal from School also and this type of withdrawal would demand three months notice or three months fee in lieu thereof both for School and Hostel.

I understand that the school takes every care for the well being of the child. However, in case of any accident or mishap, I will not hold the school or its authorities responsible in any manner.

**Signature of Local Guardian**

**Signature of Parent**

Name (in block letters)

Name (in block letters)

Date : \_\_\_\_\_

Date : \_\_\_\_\_

**Note :**

1. Parents/Guardians are required to kindly go through the prospectus before they fill in their applications for registration of students. Parents and Guardians are required to strictly abide by all the terms and conditions stipulated by the school from time to time.
2. The management reserves the right to add, delete or change any or all conditions / information without notice.
3. At the time of paying fees, parents must fill information sheet regarding the child to be kept in the Hostel.



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**For Official Use Only**

Application Received on :

Receipt number and Date :

Application Number :

Remarks :

Please Send Bank Draft Of Rs. 750/- With This Form.