PAWAR PUBLIC SCHOOL

(Parental Consent Form)

The Principal
Pawar Public School
From: Mr. & Mrs. _____

We, the parents of Master/ Ms._____would like to request you for an admission for our ward in Std. _____ for the academic year 20____- ___

We understand the following rules and regulations of the school and assure you that if we are granted the admission we will abide by the same:

1. I am aware that the Fees paid for the first quarter at the time of admission will not be refunded except the Caution Money Deposit in the event of cancelling the admission during the first quarter.
2. a) Application for withdrawal should be made in writing, mentioning the reason for withdrawal and the last working day and should be signed by both parents/guardian (whoever has signed the admission form).
   b) Application for withdrawal in writing has to be made 30 days in advance, before the actual date of withdrawal, failing which, one month's fee, has to be paid as notice fee.
   c) The application of withdrawal has to be accompanied with an application for the refund of caution money along with the original caution money receipt stating the name in which the refund cheque, has to be issued.
   d) If the caution money receipt is lost / misplaced then the applicant needs to submit an affidavit stating that he/ she has lost the receipt. The notarized affidavit has to be made on a stamp paper of ₹ 100/-
3. It is the responsibility of the parents to pay the fee within 10th of every quarter, failing which a late fee fine will be charged as per the rules of the school.
4. The allotment of shift for the Pre-Primary Section is at the sole discretion of the school. Kindly note that once admitted there will no change in the shift of the child.
5. Admission granted for Grade 2 and above will be considered as 'provisional admission' pending the submission of the latest mark-sheet along with the Original Leaving Certificate from the previous school before the end of June of the year of admission. Admission is subject to a passed & promoted certificate from the previous school. In case the previous school is outside Maharashtra and/ or the student is studying in a school affiliated to another board, the student should provide the Leaving Certificate which is countersigned by the Education Department. If the student is coming from abroad, then the Leaving/ Transfer Certificate should be countersigned by the Indian Embassy/ High Commission / Consulate of that country.
6. It is mandatory for the students to take part in all school activities and events. Students are expected to be present for all the school outings and educational trips. Leave during the school term will not be granted except under the most extenuating circumstances.
7. I am aware that my ward is allowed to wear only the accessories (like tie, badges, etc.) which are prescribed by the school as part of the school uniform.
8. The school will take every care and precaution to safeguard the student during all its activities and school outings. However, in case of any accident or mishap during any school activity or outing, I/we will not hold the school responsible for the same. All hospital/ medical charges for the same will be borne by me.
9. It is the responsibility of the parents to check the school books and diary of the child on a regular basis and to attend to the teacher's remarks if any.
10. The school does not approve of the pupils taking tuitions as it interferes with the curriculum of the school and it reserves the right to take strict disciplinary action or violation of this policy.
11. In case transport arrangements are requires, it is mandatory to use the service provided by the school transport provider unless the school cannot provide a route. Transport charges are to be paid directly to the service provider.
12. As far as Transport facility is concerned, the school will only be a facilitator (without any obligation), keeping in view the interest and safety of our children and PTA / Transport Committee will be the sole authorized body to monitor these services. The Transport provider will be held liable for any consequences arising out of any accident/ negligence or otherwise.
13. We are aware that this is a Private Permanently Unaided School and such schools have a right to fix their fees such that the fee amount covers all their legitimate expenses. Hence we understand that the school fees are liable for hike. We agree to pay the same, as and when revised.
14. Admissions of siblings will be granted on the basis of availability of seats and not on the prerogative of parents. We undertake not to pressurize the school for the same.
15. If I fail to submit all the supporting documents required by the school for granting admission to my child on or before_____, the school will have every right to cancel my child's admission.

We have read and understood the above rules and regulations of the school and the same are acceptable to us.

Date: _____ _____ _____

Signature of Father/ Guardian Signature of Mother

PAWAR PUBLIC SCHOOL

MEDICAL HISTORY SHEET

Sr. No: _____

Name of the Student: _____

Age & Date of Birth: _____ Class: _____

_____

(To be filled and endorsed by a registered medical practitioner)

1. Name, Address, Contact No. and Regn. No of issuing authority : _____

_____

_____

2. Please share your child's Birth and Developmental history:

   a) Are there any significant birth details like pre mature/post mature birth, delayed birth cry etc.

   _____

   b) Does your child have any difficulties in vision/ hearing/ speech. If yes, please specify:

   _____

   c) Does your child communicate his/her basic needs through words?

   _____

   d) Has the child undergone any psychological evaluation? If yes, kindly specify:

   _____

   e) Has your child attended any therapeutic sessions like Speech or Occupational therapy?

   _____

3. Whether the child has suffered from any diseases like Diphtheria, Rheumatic fever, Typhoid, Tonsillitis, Epileptic Fits, Filaria, Malaria, Enlarged glands in the neck, Mumps, Measles, Chicken pox, Whooping cough or such others:

   _____

4. Has he / she undergone any operations, if yes please specify: _____
5. Has there been any case of Tuberculosis in the family: _____
6. Does the child suffer from any allergies or any other long term ailments: _____
7. Is the child allergic to any medication: _____
8. Does the child require any special attention in academics or any physical activities? If yes, Pl. specify

   _____

9. a) Date of last vaccination : _____
   b) Has he / she had a course of Triple antigen inoculation? : _____
   c) Has he / she had a course of Tetanus toxoid inoculation?: : _____
   d) Has he / she had a course of Polio vaccines? : _____
   e) What is the blood group of the child? : _____

To the best of my knowledge the child is physically and mentally fit to join any regular school.

Date: _____ _____ _____ _____

Mother's Signature Father's Signature Sign of Issuing authority

Please Note:

- All students should have vaccinations once in three years.
- All children below the age of 10 years should have a course of Triple antigen.
- Children above the age of 10 who have not had Triple antigen should have a course of Tetanus toxoid.
- Children below the age of 1 0 should have a course of Polio vaccine.
- All students should take T.A.B inoculation against Typhoid every year, preferably in June
- Students should have regular dental check— ups and eye test at least once a year.
- If any of the above information is found to be false and incorrect, the child's admission is liable to be cancelled.

Follow —up, if any, recommended by the school physician should be necessarily attended to through your regular physician.

UNDERTAKING

Date: _____ From:

_____

_____

_____

To,
The Principal,
Pawar Public School,
Hadapsar, Pune.

Dear Sir,

I, Mr._____ and Ms. _____ , Parents of_____ is admitted to your school, in Grade _____ Division___,_____ for academic year 20__ -20__ , would like to inform you that we are aware that we are under obligation to pay the prescribed School Fee of our ward as notified by the School through its circulars.

We hereby assure you that fees paid by cheques shall be honoured on the due date. We are also aware that dishonouring the cheque is a criminal offence. We are aware that the School can also take action including but not limited to stopping online education/cancellation of admission and issuing School Leaving Certificate.

We also hereby undertake to pay the Fee within the stipulated time as notified by School time to time henceforth.

We also undertake that we shall adhere to the Rules and Regulations of the School, failing which the School shall be at liberty to take appropriate action.

We have given this Undertaking voluntarily and we shall abide by this.

Thanking you.

Yours faithfully,

Father's Name : _____ Mother's Name _____

Signature:_____ Signature:_____

CONSENT BY FATHER/MOTHER/LEGAL GUARDIAN OF STUDENT FOR APAAR ID GENERATION

School Name ... .

I, **(Parent Name)** _____as the Father/ Mother of **(Student Name)** _____ with my Identity Proof as AADHAR Card No. /PAN No. _____ voluntarily give my consent to share his/her Aadhaar Number and demographic information issued by UIDAI / PAN with Ministry of Education for the sole purpose of creation of APAAR ID and opening of DIGILOCKER account of my child for the following intents and purposes.

I understand that my APAAR ID may be used and shared for limited purposes as may be notified by Ministry of Education from time-to-time for educational and related activities. Further I am also aware that my personal identifiableinformation (Name, Address, Age, Date of Birth, Gender and Photograph) maybe made available to entities engaged in various educational activities such as UDISE+ database, scholarships, maintenance academic records, other stakeholders like Educational Institutions and recruitment agencies.

I authorise Ministry of Education to use my Aadhaar number for performing Aadhaar based authentication with UIDAI as per provision of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits, and Services) Act, 2016 for the aforesaid purpose. I understand that UIDAI will share my e-KYC details, or response of "Yes" with Ministry of Education upon successful authentication.

I understand that the information shared by me shall be kept Confidential and shall not be divulged to any third party except as may be required by law.

I understand that I can withdraw my consent for all or any of the purposes at any time by and on withdrawal of my consent, the processing of my sharedinformation will stop, however, any personal data already been processed shall remain unaffected on such withdrawal of consent.

Date of Physical Consent: .....

Place of Physical Consent: **(Signature of Parent)**

.....

I, _____ as Principal / Vice Principal of the School hereby declare

Student Name_____ as mentioned above has given the Consent for Providing AADHAAR / PAN to create APAAR ID, opening of DIGILOCKER Account and Identity Verification in UDISE Plus.

Date.....

.....

(Signature)