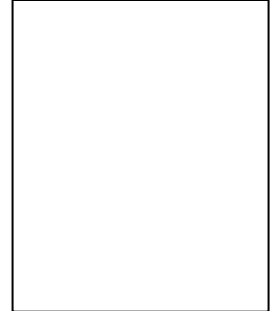


REGN. NO. _____

FORM FILLED BY _____

AKAL ACADEMY BARU SAHIB

ADMISSION FORM (NRI)



PART I

Registration No. Adm. No.

Passport No. Valid up to

Visa Type Valid up to

1. Child admitted in ClassGrade.....Year.....

2. Child's Name in Full (Block Letters)

3. Date of Birth (authentic proof to be attached).....

Date Month Year

Age on 1st March of Admission Year

4. Nationality of ChildReligion.....Mother Tongue.....

Address: (Permanent, if different)

.....Phone No. with S.T.D. code

Address: (Present)

.....

.....Phone No. with S.T.D. code.....

5. Father's name (Block letters) Address:

Academic Qualification

Occupation /Designation

6. Mother's name (Block letters) Address:

Academic Qualification

Occupation /Designation.....

7. Guardian's name (Block letters) Address:

(To be filled in case mother/father is not the guardian

or for non-resident parents who wish to appoint a

local guardian)

Academic Qualification

Occupation /Designation.....

8. Name of Previous School :

Class studying :T.C. No. & Date

9. Particulars of all real brothers / sisters studying in Akal Academy Baru Sahib.

Name of Child	Admission No.	Class / Section

10. Should the student be allowed to go home unescorted? (only for 10th, 11th & 12th class boys)

Yes / No. Please give details.

.....

11. References: Name and addresses of two persons who can vouch for you & above information.

(a)	(b).....
.....
.....

DECLARATION

1. I agree to abide by the rules and regulations of the Akal Academy as framed and amended from time to time.
2. **I would pay the annual fee of the school and other expenses in advance. If for any reason(s) I withdraw my child before the completion of the session, I undertake to pay full fee for the entire year (academic session) and shall not seek refund of the amount paid under any circumstances.**
3. In case of any inadvertent mishap or illness or untoward incident during the stay of my Ward in Akal Academy, Baru Sahib, I shall not hold the school authorities responsible.
4. I understand that rendering false or misleading information or withholding correct information may disqualify the child for admission / education at this school.
5. I understand that the fees structure may increase according to the increase in cost price index as per decision of management.
6. I hereby agree that my child, remaining in his own religion, would follow the spiritual-cum-religious studies and routines being carried out in Akal Academy during his/her stay in the school (for students other than Sikh Community).
7. I hereby give an undertaking that my ward will not cut any hair from the body and will partake with 'amrit' and practise the tenets of Sikhism in letter and spirit. Any deviation from these rules may attract punishment up to expulsion from school. (Applicable to students of Sikh Community only)
8. I agree that all disputes would be subject to Jurisdiction of Courts in Distt. Sirmour (H.P.)
9. I hereby put my signature to confirm the above declaration.

Witness 1:

Witness 2:

Signatures of Parents/Guardian

Name

Date

Date.....

Signature of Principal

OFFICE SEAL

AKAL ACADEMY BARU SAHIB
ADMISSION FORM
PART II

NameFather's Name.....
Admission No

1. a) Name of previous School
b) Class in which studying in the last school
c) Medium of instruction in previous school (English / Hindi / Punjabi)
d) Details of marks obtained in the last annual exam. (In %)

English	Maths	Punjabi	Science	Any other subject	

- e) Position obtained in the last examination in the previous schoolout of.....students
f) Proficiency in games/co-curricular activities/outstanding achievements (Attach proof, if any)
.....
g) Fee structure of previous school
- Tuition Fee (including Lab/Computer/ etc.).....
 - Transport.....
 - Building Fund (development charges etc.)
 - Hostel / Mess charges.....
 - **Total expenditure**

2. Does the pupil have a learning disability / dyslexia (low I.Q. or slow learner), which might in some way affect his / her studies or may require special facilities / treatment / counseling? Yes / No
3. Was the child ever a boarder in any school? Yes / No
4. Is there any family problem / discord. Yes /No
5. Is there any involvement of the child / parents in litigation which might require child's absence from school? Yes / No
6. a) Would you like to contribute some amount for the building fund of school campus/ Gurudwara Building? Yes / No
- b) Would you like to contribute / extend your professional expertise for the benefit of any type of School programme? Yes /No

If answer to any of the above questions (No. 2 to 6) is 'Yes', give details thereof on separate sheet.

7. Land holding (for agriculturists only)
8. Income from all sources

Signature of Parents

Date.....

Signature of Principal

CONTACT NUMBERS

Name Adm. No.
 Father's Name
 Country code Phone No. & STD Code
 Fax No.E-mail address
 Mobile No.
 Mother's Name
 Country code Phone No. & STD Code
 Fax No.E-mail address
 Mobile No.

Three other telephone numbers of relatives / friends who may be contacted in case of emergency:-

S.No	Name	Relation with child	Telephone No.
.....
.....
.....

Guardian's Name
 Country code Phone No. & STD Code
 Fax No.E-mail address

AUTHORISATION

I hereby authorise the following persons whose names and photographs are given below to meet my ward and take him out on leave.

Photographs of the persons authorised to meet the child (not more than four)

_____	_____	_____	_____

Signature of Parents _____
 Father _____
 Mother _____

LEAVING THE CHILD IN BOARDING SCHOOL
(For New Students)

RECEPTION / ADMISSION COUNTER

Admission No. _____
(To be allotted by main office)

Date: _____

1. Name of the student (IN BLOCK LETTERS) :
2. Father's Name (IN BLOCK LETTERS) :
3. Class in which admission is granted :
4. Resident of : **INDIA / NRI**

ACCOUNTS DETAIL

1. Amount deposited. (65% of annual dues)
R.No. / date **Signature of A/c Official**
2. 2nd Instalment by 31st July (35% of annual dues)

I understand that if I do not pay the above instalment as per commitment, a fine of Rs. 100/- per day will be charged for the period of delay.

Signature of Parent

HEALTH STATUS

Medical Report Received / Not Received Wt. Hb.

Immunization Status:

B.C.G. vaccinated / not vaccinated	Chicken Pox vaccinated / not vaccinated
O.P.V.0 vaccinated / not vaccinated	Hepatitis B vaccinated / not vaccinated
D.P.T. vaccinated / not vaccinated	Typhoid vaccinated / not vaccinated
M.M.R vaccinated / not vaccinated	H. Influenzae (upto 5 years) vaccinated / not vaccinated

Signature of Medical Officer

Hygiene Check Up

Signature of Hygiene I/c

HOSTEL REPORT

Signature of Care taker Signature of Hostel I/c

Signature of Admission Coordinator Signature of Warden

Signature of Principal

RULES & REGULATIONS FOR STUDENTS & PARENTS **AND STUDENT CONDUCT CODE**

Every student who is granted admission to the school pledges to observe willingly all the rules and regulations, and to uphold and respect the principles on which the institute is founded. It is also to be understood that on breaking the pledge the student forfeits his membership of the school. It is the duty of each student to perform all tasks assigned to him / her in connection with the functioning of the school to the best of his / her ability. Parents are expected to reinforce this in the child's mind and guide their ward accordingly. Some of the salient points in this regard are given below:

1. ***All the Sikh students are required to follow the Sikh spiritual and religious way of life being taught in the school. They have to keep their hair intact and are not allowed to cut any hair from any part of their body. Any deviation from the Sikh religious principles especially of cutting of hair will lead to strict action and may lead to expulsion of the child from school.*** All non-Sikh students follow their own religion but they will have to cover their head with Patka (up to Class V) or Dastar (Classes VI to XII) and they have to follow the spiritual curriculum of the Academy.
2. No food parcels of any kind or money will be accepted for or delivered to the children from anybody.
3. ***Students are not permitted to have any money. In case any child is found possessing money, he would be expelled from the school (strict rules in this regard are in child's interest as possession of money may misdirect the child to procure undesirable substances).***
4. Leave is not a matter of right and is not sanctioned except in case of medical emergency / bereavement of close relations.
5. Adequate security arrangements have been made to prevent students from leaving the school campus without permission. If, however, despite all these arrangements, a student absconds i.e. leaves the campus without permission, the school will not be held responsible.
6. No child up to Class IX is allowed to go on leave alone or with friends. If the parents of students (only boys) of classes X, XI and XII, however, desire that their wards are sent home alone, a letter or written authority should accordingly be sent to the school. Telephonic messages on this matter will not be accepted.
7. Whenever parents / guardians come to the school to meet their wards they must visit the School Office and take prior permission. Parents are advised not to meet their children at an unauthorized place or time.
8. Please refrain from giving any valuables like ornaments, watches, cameras, audio/visual equipment etc. to the children. The school will not be responsible for any loss or damage of the same and child may be rusticated for possessing any such unapproved articles.
9. The school maintains a mild censorship of letters of the children as this is purely in their interest. Only two specified persons other than parents can correspond with the student.
10. Parents are requested to offer suggestions and they may register complaints keeping the overall improvement of the school in mind. This may be done through letters/e-mail/fax or they may lodge the complaints/suggestions in the complaint register available in school office.

11. All correspondence of the parent regarding the welfare of the student, suggestions / complaints, fees etc. must be addressed to the Principal giving the Name, Class and Admission Number of the student.
12. No verbal assurances alleged to have been given by any member of the staff would be binding on the school. Similarly, no verbal statements made by the parents will be accepted. Parents must write to the school on any point they wish to make.
13. The school is a NO SMOKING / DRINKING ZONE. Parents / Guardians are requested to refrain from smoking or drinking liquor on the campus. Nor should they come to the school after consuming liquor. Any violation of this rule would be dealt with very strictly and the individual evicted from the Ashram and school premises.
- 14. The school reserves the right to expel any child at any time, including the final external examination period, for indulging in any act of misconduct / indiscipline. The decision of the Principal, Akal Academy, Baru Sahib in all such cases will be final.**
15. The school reserves the right to strike off the name of any student from the Roll or stop him / her for appearing for any examinations including external examination for non-payment of fees and other dues before the commencement of such examinations.
16. No refund of security deposit will be made if notice of withdrawal, in writing, is not given at the end of the academic session in December.
17. To maintain discipline and to inculcate the habit of punctuality, overstay of leave shall be liable to a fine. The rate to be levied will be determined by the school authorities from time to time.
18. It is endeavoured by the school authority to ensure proper care and safety of students at all times including games, hostel, mess and classes as well as when they leave the school campus and on exercising or picnic. The school, however, will not be responsible for any damages / charges, whatsoever, for any injuries, fatal or otherwise, caused during the child's stay in the school, even if these take place within or outside the school campus, while out on camps / picnics / educational tours or while taking part in sports / games or any other form of activity of the school.
19. The school's management reserves the right to change, amend, add or delete any of the above mentioned rules and regulations, at any time without prior notice.
20. In order to inculcate sense of discipline, punctuality, high morals and righteousness, children will be motivated and counseled and if required admonished. Punitive measures including monetary fine may also be imposed on children from time to time.
- 21. The annual fees of the school and other expenses will have to be paid in advance. If for any reason, the child is withdrawn before the completion of the session, fee/annual dues for the entire year (Academic session) shall have to be paid. The school fees and other expenses once paid will not be refunded under any circumstances.**

I HAVE GONE THROUGH THE ABOVE RULES AND REGULATIONS OF AKAL ACADEMY AND I AGREE TO ABIDE BY THE SAME.

Witness:

Signature of Parent

COUNTERSIGNED

Principal/Manager

MEDICAL HISTORY SHEET

(To be filled in by a competent Medical Officer & to be submitted at the time of admission)

Name Father's Name
Admn. No.....

1. Previous Illness:-

- (a) Recurrent throat infection Yes / No
- (b) Recurrent viral fever Yes / No
- (c) Asthma Yes / No
- (d) Any other illness requiring hospitalization in the past Yes / No
- (e) Any deformity Yes / No
- (f) Difficulty in hearing Yes / No
- (g) Visual Problem Yes / No

2. Psychological Problems:-

- (a) Bedwetting
- (b) Sleepwalking
- (c) Temper Tantrums
- (d) Abnormal moods

3. Allergies: Does the child has any allergy to known antigen like

- (a) Food allergy Yes / No
- (b) Allergy to pollens Yes / No
- (c) Allergic skin problems. Yes / No

4. Abnormal reactions to Medicines / Drugs:-

- (a) Penicillin Yes / No / Not exposed
- (b) Sulphas Yes / No / Not exposed
- (c) Any other drug Yes / No

If answer to any of the above questions in serial 1 to 14 is Yes, give details thereof.

5. Certificate from family doctor regarding details of following vaccination:

Name	Given	Due
BCG		
DPT / OPV		
MMR		
Chicken Pox		
Hepatitis B		
H. Influenzas		
Typhoid		

Signature of Medical officer

Date:

Name.....

Tel. No.....