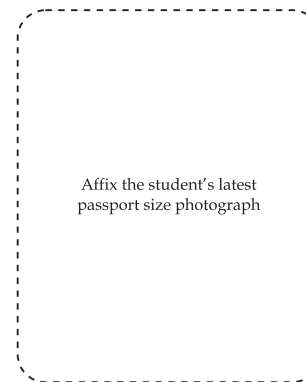


Serial No



ADMISSION DOCKET

Session 20 -



Name of the Student

Admission No.



www.antahprerana.org

Dear Parent

We are glad to welcome you and your child to Antah:Prerana.

Antah:Prerana literally means ‘inner calling’ or ‘inner motivation’. We believe that all children are born with some unique quality that nature has bestowed upon them. This unique quality is their ‘inner calling’ and needs to be nurtured with love, care and personalised attention.

It is our endeavour to provide the best for your child and hence the scientific and futuristic Antah:Prerana Learning System™ (APLS) builds a strong foundation by allowing the child to be able to explore and experience their little world in a joyous and free manner. This allows them to be motivated, unconsciously from within and steer towards their unique quality. Hence our tag line is “Just being me”.

We look forward to a rewarding and enjoyable journey together, where we will see your child’s intellectual, creative, physical, mental, emotional and social abilities nurtured. We assure you that every step your child takes in Antah:Prerana will be a step towards a confident exploration of their potential and will unlock immense unimagined possibilities.

Wishing you and your child a wonderful future.

Warm Regards

Home Guru

Stamp

For office use only

ENCLOSURES

- | | | | |
|--------------------------------|--------------------------|---------------------------------------|--------------------------|
| School Leaving Certificate | <input type="checkbox"/> | Birth Certificate | <input type="checkbox"/> |
| Transfer Certificate | <input type="checkbox"/> | 4 Photographs of Child | <input type="checkbox"/> |
| 4 Photographs of Mother | <input type="checkbox"/> | 4 Photographs of Father | <input type="checkbox"/> |
| Mother’s Email ID | <input type="checkbox"/> | Father’s Email ID | <input type="checkbox"/> |
| Medical Report Form | <input type="checkbox"/> | Consent Form | <input type="checkbox"/> |
| Emergency Contact Details Form | <input type="checkbox"/> | Undertaking to collect the child Form | <input type="checkbox"/> |

Checked by

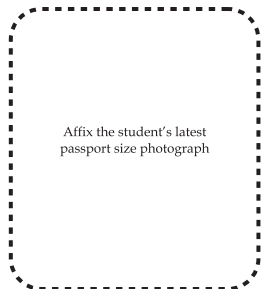
Signature

Name

Date

ADMISSION FORM

Form Serial No.



Registration No.

Admission No.

To,
The Home Guru,
Antah:Prerana
.....(School Location)

Madam/Sir, (Please fill the form in capital letters only)

I/We wish to admit my son/daughter to your school. I have fully acquainted myself with all the rules, regulations and general working of the school and I agree to abide by them.

Name of the Student Sex M F

Date of Birth (dd/mm/yyyy) Place of Birth

Age as on 1st April 20

Class/Level Admitted to

Nationality

Mother Tongue Hindi English Others (specify)

Admission Category GEN EWS Others (please specify)

Residential address (local address) House no./Plot no.

Locality

City State Pin code

Distance from the school in kms

Permanent address (postal address) House no./Plot no.

Locality

City State Pin code

Residence Phone no. Mobile no.(in case of emergency)

Date Sign. of Father Sign. of Mother

Mother

Affix your latest stamp size photograph

Name

Age Education qualification

Occupation

Designation

Organisation

Address (Off)

.....

Phone (Off.)

Mobile

E-mail

Father

Affix your latest stamp size photograph

Name

Age Education qualification

Occupation

Designation

Organisation

Address (Off.)

.....

Phone (Off.)

Mobile

E-mail

MEDICAL REPORT FORM



TO BE COMPLETED BY THE SCHOOL OFFICE

Registration No.

Date of Test

Time of Interaction

Admission No.

Admission Date

Checked By

Receiver's Sign

Cashier's Sign

Principal's Sign

Date

FOR OFFICE USE ONLY

1. I certify that I have checked the documents submitted by the selected student and the relevant papers are found in order.

Date **ADMISSION IN-CHARGE**

2. Please admit the child to Level..... Class..... after realizing the dues.

Date **Home Guru**

Admitted to Level..... Class.....	Fee receipt no.	Dated	issued.
Details of amount received	Admission fee	Rs	
	Composite fee	Rs	
	Concessions	Rs	
		Rs	
		Rs	
		Rs	
	Total	Rs	

Name has been entered in the admission register.
Date Accountant's sign

It is **CERTIFIED** that the entries have been made in the admission register and the dues have been realised by the accounts section.

His/Her Admission Register no. is Vol.
Dated **Manager/Administrator**

NOTED

..... Class Teacher

Dated Level/Class

Dated **Home Guru**

- The child will be allowed to attend the class only after submitting a School Leaving Certificate Municipal certificate of birth (attested document) along with original certificate for verification, original Transfer Certificate and two recently taken passport size photographs of the child for administrative purposes. Payment of fees and other charges as applicable.
- Transport will not be provided by the school, parent will be solely responsible for dropping and picking their ward from school
- If and when Mid-day meal is provided charges will be applicable.
- In case of withdrawal, refund of fees and other charges will be as per school policy.

Student's Particulars

Name of Student Sex M F

Mother's Name Father's Name

Registration No.

Admission No.

Identification Mark

Blood Group HB% Height (CM) Weight (KG)

History of any significant past or present illness/prolonged illness Asthma Epilepsy

Any Other

General Medical Record

Is there any significant condition the school needs to be aware of about your child's main systems and organs?

Student Vaccination Record (Tick below if applicable)

	Yes	No		Yes	No
BCG	<input type="checkbox"/>	<input type="checkbox"/>	Hib	<input type="checkbox"/>	<input type="checkbox"/>
DTP	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Tdap	<input type="checkbox"/>	<input type="checkbox"/>

Others

Is your child allergic to:

Any Medicine Any Food

Anything Else

Does your child wear spectacles? Yes No

Does your child suffer from any kind of colour blindness?

Doctor's Remark/Suggestion

Date

Doctor's Signature, Seal & Registration No.

TRANSPORT FORM



Admission No.
□□□□□□□□

For Internal Use

To,

The Principal,

Antah:Prerna

.....(School Location)

Sub: Request for arrangement for Transport.

Sir/Madam,

I, _____ S/o, D/o, W/o _____ residing at _____ undertake and confirm that my son/daughter/ward (name) _____ will like to travel by transportation provided by the school from the date of _____ to _____ (or any other dates that may be arranged by the school).

I confirm that I fully understand the nature of the travel by transportation that my son/daughter/ward will be traveling in and I further confirm that I am fully aware that my son/daughter/ward's travel is the facility provided by the school on my request involves certain amount of risks(including but not limited to sustaining personal injuries and/or loss of life). My son/daughter/ward understands that he/she will have to cooperate fully with the School and he/she undertakes to diligently comply with all safety instructions.

I hereby irrevocably undertake that I shall not, hold school, its staff, officers, faculty, students, any other relevant personnel or any of its authorized agents responsible for any damage to or loss of property or any injury or loss of life which may be sustained by my son/daughter/ward during travel by transportation provided by the school or arising from any cause in connection with the travel by transportation provided by the school where such damage to or loss of property or any injury or loss of life is not caused by the willful default of school, its staff, officers, faculty, students or any other relevant personnel.

Signature
Name of the Mother.....
Date

Signature
Name of the Father

MEDICAL REPORT FORM



Admission No.
□□□□□□□□

Infirmary Copy

.....(School Location)

Student's Particulars

Name of Student Sex M F

Mother's Name Father's Name.....

Registration No. □□□□□□□□

Admission No. □□□□□□□□

Identification Mark

Blood Group HB% Height (CM) Weight (KG)

History of any significant past or present illness/prolonged illness Asthma Epilepsy

Any Other

General Medical Record

Is there any significant condition the school needs to be aware of about your child's main systems and organs?

Student Vaccination Record (Tick below if applicable)

	Yes	No		Yes	No
BCG	<input type="checkbox"/>	<input type="checkbox"/>	Hib	<input type="checkbox"/>	<input type="checkbox"/>
DTP	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Tdap	<input type="checkbox"/>	<input type="checkbox"/>

Others

Is your child allergic to

Any Medicine Any Food

Anything Else

Does your child wear spectacles? Yes No

Does your child suffer from any kind of colour blindness?

Doctor's Remark/Suggestion

Date

Doctor's Signature, Seal & Registration No.

TRANSPORT FORM



Admission No.
□□□□□□□□

Vendor Copy

To,

The Home Guru,
Antah:Prerana

.....(School Location)

Sub: Request for arrangement for transport.

Sir/Madam,

I, _____ S/o, D/o, W/o _____ residing
at _____ undertake and confirm that
my son/daughter/ward (name) _____
will travel by transportation provided by the school from the date of _____
to _____ (or any other dates that may be arranged by the school).

I confirm that I fully understand the nature of the travel by transportation that my son/daughter/ward will be traveling in and I further confirm that I am fully aware that my son/daughter/ward's travel by transportation which is the facility provided by the school on my request involves certain amount of risks(including but not limited to sustaining personal injuries and/or loss of life). My son/daughter/ward understands that he/she will have to cooperate fully with the School and he/she undertakes to diligently comply with all safety instructions.

I hereby irrevocably undertake that I shall not, hold school, its staff, officers, faculty, students, any other relevant personnel or any of its authorized agents responsible for any damage to or loss of property or any injury or loss of life which may sustained by my son/daughter/ward during travel by transportation provided by the school or arising from any cause in connection with the travel by transportation provided by the school where such damage to or loss of property or any injury or loss of life is not caused by the willful default of school, its staff, officers, faculty, students or any other relevant personnel.

Signature

Name of the Mother

Date

Signature

Name of the Father

Date

MID-DAY MEAL FORM



Admission No.

□□□□□□□□□□

Vendor Copy

To,

The Principal,

Antah:Perna

.....(School Location)

Sub: Request for arrangement of Mid-Day Meal.

Sir/Madam,

I, _____ S/o,D/o,W/o _____

residing at _____ undertake and confirm that my son/daughter/ward(name) _____ will have Mid Day Meals provided by the school from the date of _____ to _____ (or any other dates that may be arranged by the School).

I confirm that I fully understand the nature of the Mid-Day Meal that my son/daughter /ward will be having. I am fully aware that my son/daughter /ward's Mid-Day Meal which is provided by the school is nutritious and wholesome food.

I hereby irrevocably undertake that my child is not allergic to any food/beverage or related things there to already mentioned in the medical form(if applicable). I shall not, hold school, its staff, officers, faculty, students, any other relevant personnel or any of its authorized agents responsible for any loss, ill health or mishap because of the food intake which may be sustained by my son/daughter/ward by eating Mid-Day Meal which is a facility provided by the school on my request.

Signature

Name of the Mother

Date

Signature

Name of the Father

Date

MID-DAY MEAL FORM



Admission No.

□ □ □ □ □ □ □ □ □ □

Vendor Copy

To,

The Principal,

Antah:Prerna

.....(School Location)

Sub: Request for arrangement of Mid-Day Meal.

Sir/Madam,

I, _____ S/o,D/o,W/o _____

residing at _____ undertake and confirm that my son/daughter/ward(name) _____ will have Mid Day Meals provided by the school from the date of _____ to _____ (or any other dates that may be arranged by the School).

I confirm that I fully understand the nature of the Mid-Day Meal that my son/daughter /ward will be having . I am fully aware that my son/daughter /ward's Mid-Day Meal which is provided by the school is nutritious and wholesome food.

I hereby irrevocably undertake that my child is not allergic to any food/beverage or related things there to already mentioned in the medical form(if applicable). I shall not, hold school, its staff, officers, faculty, students, any other relevant personnel or any of its authorized agents responsible for any loss, ill health or mishap because of the food intake which may be sustained by my son/daughter/ward by eating Mid-Day Meal which is a facility provided by the school on my request.

Signature

Name of the Mother

Date

Signature

Name of the Father

Date