

DECLARATION OF PARENT / GUARDIAN

- a. I wish to register my son / daughter for admission to NGS Preschool and understand that admission is subject to the availability of a seat and a pass in the admission test and interview.
- b. If admitted, I hereby permit the school to involve my child in all school activities and to publish photographs of such activities in print or electronic media.
- c. I understand that continuance of studies at NGS Preschool is entirely at the discretion of the school management which has the right to withdraw my child at any time due to non payment or any other reason. In case of such an event, neither I, nor any of my representatives shall contest the school management's decision.
- d. I hereby declare that I will never indulge in any political activity related to the school or any other activity that might harm the institution or its image in any respect.
- e. In case of any disagreement with the management, I will resolve the issue through arbitration and will not involve NGS Preschool or any of its staff members in any legal suit.
- f. I have read carefully the rules & regulations and have perused the current fee structure. I agree to abide by all the rules & regulations and make the fee payments promptly.

Signature of Parent / Guardian _____ Date _____

FOR OFFICE USE

Registration No. _____ Registration Date _____ Test date _____

Accepted for admission to class _____ Starting date _____ Not accepted

Reason for not accepting _____

Comments / conditions for admission _____

SIGNATURES

ADMISSION OFFICER

PRINCIPAL

DATE



HEALTH FORM

Student's Name _____	Date of Birth _____
Father's Name _____	Cell No. _____
Mother's Name _____	Cell No. _____
In case of EMERGENCY Contact <input type="checkbox"/> Father <input type="checkbox"/> Mother	Blood Group _____
Family Doctor's Name _____	Cell No. _____

Eye sight <input type="checkbox"/> Normal <input type="checkbox"/> Condition _____	(Please detail condition)
Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Condition _____	(Please detail condition)
Special care if required: _____	(Please detail condition)

IMMUNIZATION RECORD Please (✓) tick the following:-

BCG	()	Typhoid / Cholera	()
DPT 1 & Polio 1	()	Meningitis	()
DPT 2 & Polio 2	()	Hepatitis B	()
DPT 3 & Polio 3	()	Chicken Pox	()
Measles	()	MMR	()

Please (✓) tick if your child has had any of the following illnesses :-

Chicken Pox	()	Measles	()	Mumps	()
Skin rashes	()	Epilepsy	()	W. Cough	()
Febrile convulsions	()	Asthma	()		

Does your child have any known allergy? [medicines, food, plants, animals, fabric etc.]

Has the child ever had any illness or injury requiring hospital treatment or surgery?

Does the child have any physical or psychological condition that the school management must be aware of?

Parent's signature _____

Date _____

Doctor's Seal

