

Shree Dnyanyog Vidya Pratishthan's



॥ ज्ञानं सर्वार्थसाधनम् ॥

Soc.Reg.No.:MH/141/2010 Trust Reg. No:F-25152

Add.:S.No. 59/1B, Bhide Baug, Sinhgad Road, Wadgaon Budruk, Pune-411041.

Contact No-9422588028*Email ID-lateshrimohanraobhidesgs@gmail.com*Website-ww.sanskargurukulschool.com

ADMISSION FORM

Application No.: _____

Date: / /

Class: _____

G.R. No.: _____

CHILD DETAILS

Name of the Student: _____

(Surname)

(Name)

(Father's Name)

Date of Birth: _____ (In Words) _____

Place of Birth: _____ Dist: _____ State: _____

Age: _____ Years _____ Months Nationality: _____

Religion: _____ Caste: _____ Sub Caste: _____

Category: _____ (OPEN/OBC/SC ST/SBC/VJ-A/NT-B/NT-C/NT-D/VJNT)

Blood Group: _____ Aadhar Card No: _____

Last School Attended: _____ Std: _____

PARENT DETAILS

	Father's Details	Mother's Details
Name		
Educational qualification		
Profession		
Mobile No.		
Email ID		
Residence Address		

FAMILY INFORMATION

We are a : Joint Family Nuclear Family

If Joint family, Number of members in the family: _____

Details of family members apart from mother and father

Name	Age	Relationship with the child

DAILY ROUTINE OF THE CHILD

Waking up time : _____ Breakfast time : _____ Lunch time: _____

Dinner time: _____ Bed time: _____

Breakfast preferences: _____

Lunch preferences : _____

Media time & preferences : _____

Screen type : Mobile Television Laptop

Has the child lost or losing teeth ? Yes No

Is the child going for any extra-curricular activities ? Yes No

If yes, name the activities : _____

Does the child have any physical challenges (specify): _____

Does the child have any Special needs (specify): _____

The Checklist:

- 1) Two stamp size photo
- 2) Original Birth Certificate / School Leaving Certificate
- 3) Aadhar Card Xerox copy
- 4) Mark sheets/ Reports of the last academic year
- 5) Parent's response to questionnaire

Disclaimer:

I understand that this is an application for Observation only and does not ensure admission
Granting of admission will be at the sole discretion of the admission panel of LSMSGs.

Signature _____

Date: _____

Dear Parents,

Answering the questionnaire is an important part of our admission process. We request you to answer the same with due care and attention in the language of your choice out of Marathi, Hindi and English.

Parent Questionnaire

The school is trinity of children, their parents and school team members. It is the synergy between the school community and parent's community which builds a healthy learning environment for children. It is thus important for us that there is harmony in the school and home environment. Thus school alone is not responsible for the child's education. A complete involvement of parents to actively establish the appropriate ethos at home and in their lifestyles is also equally important in the education of the child.

We request you to answer the following questions :

Your answers are important for us as, it will help us understand if what we stand for and offer and what you are looking for is in the same direction

1) What is your idea of education?

ANS: _____

2) If you look at your child as a full grown adult, please state the qualities you want them to have.

ANS: _____

3) What do you see yourself doing from now in order to empower them with these qualities?

ANS: _____

4) How do you define " success"?

ANS: _____

5) How do you look at failure? How would you handle failure of children in their school life, in their learning journey?

ANS: _____

6) What are the five most essential thing you see yourself doing to have a synergy between the school and the home environment?

ANS: _____



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MEDICAL REPORT

Child's Name : _____

Immunisation status: _____

Primary Polio Triple B.C.G.

Measles MMR

Booster Date:

PREVIOUS MAJOR ILLNESS

Asthma Ear Discharge

Fits Urinary Problems

Major injury of fracture

Allergies Operation

Hospitalisation Reasons:

Any other:

Is the child on any long term medication? Details:

Family history of illness:

MEDICAL EXAMINATION

Height: cms

Weight: kgs

Pulse:

Respiration:

Blood group:

Lymph nodes:

Clubbing :

Oedema :

Purpura:

Eyes:

Throat :

Ears:

Teeth :

Nose :

Skin :

Jup:

R/S :

P/A :

Genitals:

CNS : Mental

Status

Speech

Motor

Status

Bones & Joints :

Advice : Dietary :

Referral:

Vision :

**Doctor's Signature
with Rubber Stamp &
Registration Number**