

SACRED HEART PRE-PRIMARY SCHOOL
SECTOR 26, CHANDIGARH

NURSERY ADMISSION SCHEDULE : 2025-26

<u>Date : 06.02.2025</u> <u>Time : 8:30a.m. to 10:00a.m.</u>	<u>Date : 06.02.2025</u> <u>Time : 11:00a.m. to 12:30p.m.</u>
NURSERY REGISTRATION NO.	NURSERY REGISTRATION NO.
SHS0101	SHS0193
SHS0105	SHS0198
SHS0106	SHS0199
SHS0108	SHS0210
SHS0113	SHS0217
SHS0116	SHS0220
SHS0118	SHS0221
SHS0119	SHS0232
SHS0123	SHS0233
SHS0141	SHS0245
SHS0145	SHS0247
SHS0149	SHS0253
SHS0163	SHS0254
SHS0177	SHS0257
SHS0179	SHS0264
SHS0180	SHS0271
SHS0184	SHS0279
SHS0187	SHS0280
SHS0189	SHS0287
SHS0192	SHS0296

SACRED HEART PRE-PRIMARY SCHOOL
SECTOR 26, CHANDIGARH

NURSERY ADMISSION SCHEDULE : 2025-26

<u>Date : 07.02.2025</u> <u>Time : 8:30a.m. to 10:00a.m.</u>	<u>Date : 07.02.2025</u> <u>Time : 11:00a.m. to 12:30p.m.</u>
NURSERY REGISTRATION NO.	NURSERY REGISTRATION NO.
SHS0308	SHS0446
SHS0311	SHS0451
SHS0317	SHS0454
SHS0320	SHS0460
SHS0326	SHS0461
SHS0341	SHS0463
SHS0348	SHS0464
SHS0352	SHS0470
SHS0360	SHS0477
SHS0368	SHS0481
SHS0378	SHS0489
SHS0381	SHS0490
SHS0385	SHS0491
SHS0392	SHS0492
SHS0397	SHS0494
SHS0403	SHS0498
SHS0416	SHS0506
SHS0421	SHS0507
SHS0422	SHS0525
SHS0443	SHS0527

SACRED HEART PRE-PRIMARY SCHOOL
SECTOR 26, CHANDIGARH

NURSERY ADMISSION SCHEDULE : 2025-26

<u>Date : 10.02.2025</u>	<u>Date : 10.02.2025</u>
<u>Time : 8:30a.m. to 10:00a.m.</u>	<u>Time : 11:00a.m. to 12:30p.m.</u>
NURSERY REGISTRATION NO.	NURSERY REGISTRATION NO.
SHS0528	SHS0622
SHS0534	SHS0623
SHS0536	SHS0624
SHS0541	SHS0629
SHS0542	SHS0638
SHS0543	SHS0644
SHS0546	SHS0646
SHS0550	SHS0650
SHS0552	SHS0658
SHS0557	SHS0670
SHS0573	SHS0674
SHS0577	SHS0684
SHS0578	SHS0709
SHS0587	SHS0710
SHS0589	SHS0711
SHS0592	SHS0714
SHS0604	SHS0715
SHS0608	SHS0720
SHS0610	SHS0721
SHS0621	SHS0722

SACRED HEART PRE-PRIMARY SCHOOL
SECTOR 26, CHANDIGARH

NURSERY ADMISSION SCHEDULE : 2025-26

<u>Date : 11.02.2025</u>	<u>Date : 11 .02.2025</u>
<u>Time : 8:30a.m. to 10:00a.m.</u>	<u>Time : 11:00a.m. to 12:30p.m.</u>
NURSERY REGISTRATION NO.	NURSERY REGISTRATION NO.
SHS0727	SHS0901
SHS0737	SHS0907
SHS0756	SHS0916
SHS0757	SHS0928
SHS0763	SHS0929
SHS0770	SHS0930
SHS0776	SHS0934
SHS0782	SHS0939
SHS0788	SHS0941
SHS0792	SHS0944
SHS0808	SHS0946
SHS0814	SHS0949
SHS0820	SHS0955
SHS0824	SHS0961
SHS0827	SHS0975
SHS0829	SHS0980
SHS0848	SHS0994
SHS0864	SHS01001
SHS0880	SHS01004
SHS0891	SHS01008

SACRED HEART SR. SEC. SCHOOL
SECTOR 26, CHANDIGARH

Date:

Registration No. SHS

Dear Parents,

On behalf of the Sacred Heart School Management, Staff and Students, I extend a warm welcome to your daughter. We wish her all the best and we hope that she will enjoy her stay in Sacred Heart Family.

You are requested to fill up the school admission form on the dates and timings mentioned in the Nursery Admission Schedule 2025-26.

PLEASE NOTE:

- Kindly bring this form with you at the time of completing your daughter's admission formalities.
- **You are requested to have the following documents ready when filling in the Admission form.**

S No	Particulars
1	Original Acknowledgement slip
2	<u>Original and attested photocopies of birth certificate</u>
3	Alumni: 1) School leaving certificate/class 10 pass certificate. 2) List detailing the support given to the school
4	A Demand Draft of Rs. 37,000/- (Admission Fee–Non Refundable) in favour of “ SACRED HEART PRE-PRIMARY SCHOOL ” payable at Chandigarh
5	Copy of Declaration
6	The School ‘ Health Record ’ form duly completed, signed and stamped by a certified MBBS Doctor.
7	This list of instruction as well, duly signed below.

- Both the parents are required to be present at the time of Admission in order to complete the Admission formalities. Signatures of both the parents are mandatory at the time of admission.
- Admission will be confirmed only after the submission of the filled Application Form, the submission of the Admission fee and submission of all the Documents.
- If all the admission formalities are not completed on the allotted date and time, the admission stands forfeited. If you have a genuine reason for not doing so, kindly inform in person and in writing, before or on the allotted date and avail another date. In the eventuality of not doing so, your case will not be considered.

- No information regarding admission will be provided on telephone
- Ensure that you collect the Entrance Slip after the completion of all admission formalities. You are requested to retain and show the **ENTRANCE SLIP**
 1. At the time of the parents' orientation, (in order to gain entry)
 2. The first day of her class, without which she will not be permitted to sit in the class room.
- Details of the commencement of the classes will be intimated to you by the last week of March, 2025

KINDLY NOTE:-

- i) The amount once paid is not refundable.
- ii) The school fee for the first quarter will be paid w.e.f. 01.04.2025.

Very Important:

- iii) All the documents submitted (originals/copies and photographs) will be the property of the school and will not be returned.

BUS SERVICES:

Sacred Heart Sr. Sec. School, Chandigarh does not own any bus. However, there are a few private contractors plying buses, under contract with the school. Parents will be able to avail this facility only on the availability of seats. The buses are being run on pre-designated routes. These routes are available on the school website. Please note that parents will be responsible for arranging transportation for their child if no seat is available on the buses or the child stays outside the already designated routes. Please note: **NO REQUESTS FOR NEW ROUTES/CHANGE IN ROUTES WILL BE ENTERTAINED.**


Principal

Signature:

Father

.....

Mother

.....

Legal Guardian (If any)

Declaration

We/I, Parents/Guardian of _____ do hereby declare that the above information provided by us/me is correct and we/I understand that if the information is found to be incorrect or false, our/my child/ward shall be automatically debarred from the selection/admission process without any intimation in this regard. In case it also comes to the knowledge of the management, on detailed verification of the documents submitted, or at any point thereof, that the information furnished is incorrect or wrong, or the documents submitted have been forged/fabricated/tampered with, the admission will stand cancelled forthwith, without any notice and without having any right to claim a refund of the fee paid. The Management also reserves the right to initiate appropriate proceedings in case of any of the above contingencies. We/I also undertake to indemnify the school, its staff, its management and all people claiming under it from any action, issue or damage that may arise, irrespective of it being criminal or civil, due to the information having been provided by me/us being false.

We/I accept the process of admission undertaken by the school and acknowledge the school's right to deny admission to the children/wards of persons working against the interests of the school/management. We/I know that this school is a Private Unaided Christian Minority Institution. We/I also understand that the application/registration/short listing does not guarantee admission to our/my child/ward. We/I will abide by the decision taken by the school authorities. No claim in this regard will be entertained at a later stage for any mistake made by us/me.

That we/I are/am fully aware of the school's fee structure for the year 2024-25 and we/I understand that the fees may be increased by up to 8% for the year 2025-26 and likewise for the subsequent years the fees may increase vis-à-vis the fees prevalent in the immediately preceding year. We/I accept the same and further we/I also understand that there are ancillary expenditures which arise from time to time and we/I undertake to pay the same. We/I also accept that in the eventuality that we/I are/am unable to pay our/my daughter's/ward's fee, we/I will withdraw her from the school and will not seek a concession as we/I understand that the school already shoulders the expenses for the EDG children enrolled in the school. We/I further declare that we/I have not submitted any other form.

The Safety and security measures of the school have also been viewed by us/me and we/I are/am satisfied with the same.

We/I also undertake that the medical information provided by us/me regarding our/my child/ward is correct and nothing has been concealed there from and that in case any issue or action or damage arises due to our concealment of such medical facts, the school will not be held responsible and we/I undertake to indemnify the school, its staff and its management and all people claiming under it against any such actions, issues or damages.

Signature: _____ (Father) _____ (Mother) _____ (Legal Guardian, if any)

Date : _____

Parameters of Annual Medical Checkup

Date/Month/Year			
General Cleanliness			
Allergy (if any)			
Past/ Family history			
GENERAL EXAMINATION			
Height (in cm's)			
Weight (in kg)			
Nails			
Hair			
Skin			
Anemia			
(Mild/Moderate/Severe/Nil)			
E.N.T. EXAMINATION			
Ear (External/Internal)			
Rt. L.F.			
Nose			
Throat (tonsils)			
Neck (Lymph Nodes)			
DENTAL EXAMINATION			
Tooth Cavity			
Plaque			
Gum Inflammation			
Stains			
Tartar			
Bad Breath			
Gum Bleeding			
SYSTEMIC EXAMINATION			
Respiratory System			
Cardiovascular System			
Abdomen			
Nervous System			
EYE EXAMINATION			
Conjunctiva/Cornea:			
Vision			
Right Eye			
Left Eye			
Squint			

Preferred hospital where the child can be taken in case of emergency with the name and contact number of the Doctor:

Undertaking: All information is correct and nothing has been concealed. I/We authorize the school to take my/our daughter for emergency treatment to the hospital.


Signature: Father Mother legal Guardian (If any)

SACRED HEART SR. SEC. SCHOOL SECTOR 26, CHANDIGARH

SCHOOL HEALTH RECORD

PLEASE NOTE: PARENTS ARE REQUESTED TO DISCLOSE ALL INFORMATION AS THIS MAY BE VITAL IN CASE OF AN EMERGENCY AND IN THE HANDLING OF YOUR CHILD.

General Information

Name :.....	Father's/Guardian's (if any) Name
Class :.....	Mother's Name.....
Admission No.:.....	Address:.....
Date of Birth :.....
Recent Passport sized Photograph of the child (not more than one month old)	PHONE NOS
	Office:
	Residence:
	Mobile
EMERGENCY CONTACT NUMBER	

NAME AND CONTACT NUMBER OF DOCTOR IN CASE OF EMERGENCY

Note: The Schools before implementing the Health Cards may consult a local Registered practitioner.

HEALTH HISTORY

Allergies to	What Happened	How severe	Medication Taken at the Time of Allergies
Worm Infection	What Happened	Consulted with Doctor or Not	Medication Taken for W.I.
Any Other Medical Issue			

Has the child undergone any surgery? If yes, please mention the details below:

Does the child have any problem during physical activity:

Signature:

Father

Mother

Legal Guardian (if any)

To be certified by a Registered Medical Practitioner

Date of physical examination Height Weight

B.P. : Pulse :

CLINICAL EXAMINATION	NORMAL	RECOMMENDATION
Head/Neck		
Abdomen		
Surgery		
Serious Illness		

Summary of Current Health Condition,

Any previous medical history/ or any other information pertaining to the child's physical/ mental/ emotional well being?

Does your daughter have any medical issue that the school needs to be aware of, to ensure the safety of your daughter?

e.g. seizures/fits, cardiac, diabetes, blood pressure etc.

Fits to participate in age specific physical/ other activity

Fits to participate in age specific physical/other activity with precaution

Should not participate in the following sport/ activity:

Name of Doctor..... Signature of Doctor

Name of the student: Class:

Date of birth: Blood group:

Father's name: Mother's name:

Address:

Admission no. :

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2Months		
	3 Months		
	4Months		
Oral Polio	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HB	18 Months		
Typhoid	2 Years		
Hepatitis B (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT-OPA	4 1/2 Year		

Booster Doses

Typhoid (Every 3 Year)	
TT (Every 5 Year)	
Other Vaccines	

Doctor's Observation.....

Signature:

Father

Mother

Legal Guardian (if any)

SACRED HEART PRE-PRIMARY SCHOOL

SECTOR 26, CHANDIGARH

Waiting list for Nursery : Reg. No. SHS0631

The candidate who has been selected for the waiting list, kindly note:

1. Being on the waiting list does not give the candidate any claim on a seat in the school.
2. Candidate on the waiting list is required to find out on 13th February, 2025 from the school office at 8:30a.m. if there are any vacancies. NO SEPARATE INTIMATION WILL BE SENT. Kindly present your acknowledgement slip at the time of making enquiries.
3. Admission formalities for the waiting list candidate (Subject to availability of seat after the first round of admissions are completed) must be completed on 13th February, 2025 itself failing which, all rights of admission stand forfeited.
4. After 13th February, 2025, the waiting list stands declared null and void and the candidate will have no further claim to admission in the school thereafter.


Principal



Sacred Heart Sr. Sec. School

Sector26,Chandigarh

Photograph

General Instructions:

- 1) Thisregistrationiscompulsoryforallthestudents.
- 2) Pleasefilltheformin**CAPITALLETTERS**.
- 3) Pleasefurnishthecorrectandclearinformation.
- 4) Putcross(x)againstthefieldwhichisnotapplicabletoyou.
- 5) Pleasefillthepersonaldetailssameasfilledintheadmissionform.

STUDENT'SDETAILS

First NameMiddleNameLastName

ClassSec

Date of BirthDDMMYYYY

Date of AdmissionDDMMYYYY

Admission Number

ReligionHINDUMUSLIMSIKHCHRISTIANCATHOLICJAINBUDDHISTOTHERS

CasteSCSTOBCGENERALNationality

SiblingYes/No1)Sibling'sNameClass/SecAdm. No

2)Sibling'sNameClass/SecAdm. No

StudentMobile No. Address

StudentEmailAadhar No.

INCASEOFEMERGENCY

Contact PersonAddress

Relation

Phone

FATHER'SDETAILS

First NameMiddle NameLast Name

Residential Address:Office/Company/Workplace Address:

Date of Birth:DDMMYYYYProfession:

Email ID :Mobile No. :

Designation:Annual Income

MOTHER'S DETAILS

First NameMiddle NameLast Name

Residential Address:Office/Company/Workplace Address:

Date of Birth:DDMMYYYYProfession:

Email ID :Mobile No. :

Designation:Annual Income

MEDICALDETAILS

Blood GroupHeight(cm)Weight(kg)Eye Sight(R)Eye Sight(L)

Family Doctor's NameDoctor's Address

Allergy/Medical Description(if any)

SufferingFromAnyChronicDisease(Y/N).IfYes,pleasegivedetails

SMSSERVICE DETAILS

ContactPerson NameContact Email

Contact Person Mobile No.

Note:Mobile number, on which you wish to receive your child's update through SMS

I, theundersigned,agreeandgivemy consenttoreceiveSMSfrommy ward'sschoolregardinghis/her performance/attendance/discipline.

Parent's Signature

Name

**For Transport Facility
Sacred Heart Pre-Primary School
NURSERY, LKG, UKG and Class I**

Date : 15.01.2025

Dear Parents

The School does not own buses, but for the convenience of the students, the school has arranged private buses in agreement with private service providers. Those who wish to avail bus facility kindly note the following rules:

Bus facility will be available for the following sectors only for Nursery, LKG, UKG and Class I. In Class II they will have to follow the routes and stops which are already fixed. Additional stops and change of route will not be made to suit the individual student's convenience.

Chandigarh-Sectors : 7,8,9,11,12,14,15,16,18,19,20,21,22,23,24,26,27,28,29,30,32,33,34,35,36,37,38,38 W,39, 40, 41, 42, 43, 44, 45, 46, 47, 48 & 49. Modern Housing Complex, Mani-Majra Town, NAC MM, Naya Goan, Dhanas, Kishangarh, Shastri Nagar, Indira Colony, Mauli Jagran Chowk, Railway Colony, Mullanpur Chowk, Khuda Lahora and Omex, New Chandigarh.

Panchkula - Sectors : 2, 4, 6, 7, 8, 9, 10, 11, 12, 12-A, 14, 15, 16, 17, 18, 19, 20, 21 & M.D.C - Sector 4 & 5.

Mohali - Sectors : 50, 51, 52, 55, 63, 64, 66, 67, 68, 69, 70, & 71. Phase : 1, 2, 3, 3B1, 3B2, 4, 5, 6, 7, 9, 10 & 11.

Zirakpur : Dhakoli, Baltana & VIP Road Zirakpur.

1. Bus fare is to be paid in any branch of Indian Bank mentioned in the fee book provided by the Bus Contractors. No payment is to be made to the contractor or driver directly.
2. Fee book will be issued to the students in the beginning of the session by the Bus Contractors.
3. Bus fare A/c no. will be according to the respective bus contractors.
4. Bus fare can be paid monthly, quarterly or yearly.
5. Bus fare has to be paid for 11 months in a year.
6. Full fare has to be paid irrespective of the number of days used / availed by the students.
7. Once transport facility is availed, the withdrawal of the same requires an advance written notice of one month to the bus contractor and a copy to the school.
8. The stops / pickup and drop points, shall be made as per the directions / rules of the Chandigarh Administration and Chandigarh Police.
9. **Two different stops and routes are not allowed.**
10. **Bus facility for children can be availed only from the beginning of the session. There is no provision for midsession changing/ joining to the bus facility.**
11. In case of any complaint you may contact the bus owners directly on phone numbers given in the fee book. In case the problem is not solved, you can approach the Principal in person with a written complaint.

If you are willing to abide by the above rules and desire to avail the bus facility, you may fill up the following.


Principal

Declaration by the Parents

Date :2025

We have read the above rules pertaining to the private transport facility and we promise to abide by them.

Name of the pupilClassSection

Admission No. Blood Group :

Home Address

Telephone No. Res. Mob.

Father's Name : Signature

SACRED HEART SR. SEC. SCHOOL, SECTOR 26, CHANDIGARH
SESSION : 2024 - 25 (NURSERY, L.K.G, U.K.G. & I)

S No	Name of Owner	Contact No	Sch Bus No	Sectors	Amount
PANCHKULA					
1	Oswald Pinto	9815473059	(N)P - 1	Sec. 8, 9, 10, 11 & 18 Pkl.	2992
2	Oswald Pinto	9815473059	(N)C - 2	12, 12 A, 14, 15, 16 & 17 Pkl.	2992
				Railway Colony	2835
				Mauli Jagran Chowk	2835
3	Harjinder Singh	9417017056	(N)P - 16	Sec. 2, 4, 6 & 7 Pkl	2992
				NAC MM.	2835
4	Khushwinder Singh	9888913154	(N)Z - 9	Dhakoli	3672
5	Khushwinder Singh	9888913154	(N)Z - 6	Baltana, VIP Road Zirakpur	3672
6	Perwinder Singh	9988664098	(N)P - 24	Sec. 19, 20 & 21 Pkl.	2992
7	Khushwinder Singh	9888913154	(N)C - 29	Sec. 4 & 5 (MDC) Pkl	2835
				MMT & MHC.	2508
CHANDIGARH					
8	Rajwinder Singh	9988886996	(N)P - 22	Sec. 19, 20, 27, 28, 29 & 30 Chd.	2508
9	Amrit Pal Singh	9417212917	(N)C - 8	Sec. 39, 40, 41, 42, 43 & 44 Chd.	2835
10	Gurpreet Singh Dhillon	9814006410	(N)C - 10	Sec. 12, 14 & 15 Chd	2835
				Sec. 11 & 16 Chd	2678
				Sec. 7, 8, 9 & 10 Chd.	2508
11	Dharminder Singh	9417015056	(N)P - 15	Sec. 32 & 33 Chd	2678
				Sec. 45, 46, 47, 48 & 49 Chd.	2835
				Sec. 48-C	2992
12	Jaswant Singh	9888616579	(N)C - 5	Sec. 26, Bapu Dham	2400
13	Mohinder Singh	9914687653	(N)C - 31	Sec. 34 & 35 Chd.	2678
				Sec. 36, 37, 38 & 38 W Chd	2835
14	Gurpreet Kaur	9855930287 9855680287	(N)C - 42	Kishangarh & Shastri Nagar	2400
				Indira Colony & MM Town	2508
15	Mohinder Singh	9914687653	(N)C - 30	Sec. 18 Chd	2508
				Sec. 21, 22 & 23 Chd	2678
				Sec. 24 Chd.	2835
MOHALI					
16	Gurpreet Singh	9814836079	(N)C - 3	Sec. 52, 55 Chd.	2835
				Sec. 70, 71, Ph. 1, 2, 3, 4, 5, 6 & 7 Mohali.	2992
17	Amrit Pal Singh	9417212917	(N)C - 7	Sec. 50 & 51 Chd.	2835
				Sec. 63,64,66,67,68,69, Ph. 9,10 & 11 Mohali.	2992
18	Gurpreet Kaur	9855930287 9855680287	(N)C - 41	Naya Gaon	2835
				Dhanas, Mullanpur Chowk, Khuda Lahora	2887
				Omex, New Chandigarh	3672