

**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

Registration No.

Date:

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 with the Sacred Heart Family.

You are requested to fill the school admission form on the dates and timings mentioned in the LKG Admission Schedule 2022-23 (attached herewith).

**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	<b><u>Original and attested photocopy of birth certificate</u></b>
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. 29200/- (Admission Fee) 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 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 and your seat will be given to the waiting list candidates.



**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 01.02.2022**

**Time : 9.00a.m. to 10.00a.m.**

LKG REGISTRATION NO.
SHSCDG0122
SHSCDG0140
SHSCDG0143
SHSCDG0155
SHSCDG0159
SHSCDG0163
SHSCDG0171
SHSCDG0175
SHSCDG0189
SHSCDG0201
SHSCDG0205
SHSCDG0212
SHSCDG0213
SHSCDG0238
SHSCDG0247
SHSCDG0251
SHSCDG0253
SHSCDG0256
SHSCDG0258
SHSCDG0261

**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 01.02.2022**

**Time : 11.00a.m. to 12.00noon**

LKG REGISTRATION NO.
SHSCDG0267
SHSCDG0268
SHSCDG0285
SHSCDG0286
SHSCDG0295
SHSCDG0305
SHSCDG0308
SHSCDG0310
SHSCDG0311
SHSCDG0312
SHSCDG0314
SHSCDG0317
SHSCDG0319
SHSCDG0332
SHSCDG0343
SHSCDG0344
SHSCDG0351
SHSCDG0353
SHSCDG0355
SHSCDG0358

**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 02.02.2022**

**Time : 9.00a.m. to 10.00a.m.**

LKG REGISTRATION NO.
SHSCDG0359
SHSCDG0361
SHSCDG0363
SHSCDG0366
SHSCDG0370
SHSCDG0375
SHSCDG0376
SHSCDG0385
SHSCDG0388
SHSCDG0391
SHSCDG0393
SHSCDG0406
SHSCDG0409
SHSCDG0411
SHSCDG0436
SHSCDG0437
SHSCDG0439
SHSCDG0440
SHSCDG0442
SHSCDG0450

**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 02.02.2022**

**Time : 11.00a.m. to 12.00noon**

LKG REGISTRATION NO.
SHSCDG0451
SHSCDG0460
SHSCDG0473
SHSCDG0474
SHSCDG0479
SHSCDG0488
SHSCDG0489
SHSCDG0490
SHSCDG0494
SHSCDG0498
SHSCDG0515
SHSCDG0518
SHSCDG0521
SHSCDG0522
SHSCDG0527
SHSCDG0532
SHSCDG0535
SHSCDG0562
SHSCDG0564
SHSCDG0566

**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 03.02.2022**

**Time : 9.00a.m. to 10.00a.m.**

LKG REGISTRATION NO.
SHSCDG0572
SHSCDG0580
SHSCDG0584
SHSCDG0585
SHSCDG0594
SHSCDG0598
SHSCDG0607
SHSCDG0618
SHSCDG0619
SHSCDG0620
SHSCDG0622
SHSCDG0624
SHSCDG0633
SHSCDG0637
SHSCDG0639
SHSCDG0645
SHSCDG0650
SHSCDG0654
SHSCDG0661
SHSCDG0663

**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 03.02.2022**

**Time : 11.00a.m. to 12.00noon**

LKG REGISTRATION NO.
SHSCDG0671
SHSCDG0674
SHSCDG0677
SHSCDG0690
SHSCDG0691
SHSCDG0696
SHSCDG0709
SHSCDG0720
SHSCDG0726
SHSCDG0727
SHSCDG0729
SHSCDG0750
SHSCDG0753
SHSCDG0759
SHSCDG0764
SHSCDG0770
SHSCDG0771
SHSCDG0773
SHSCDG0777
SHSCDG0783



**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 04.02.2022**

**Time : 9.00a.m. to 10.00a.m.**

LKG REGISTRATION NO.
SHSCDG0786
SHSCDG0794
SHSCDG0799
SHSCDG0801
SHSCDG0805
SHSCDG0808
SHSCDG0817
SHSCDG0825
SHSCDG0829
SHSCDG0842
SHSCDG0847
SHSCDG0851
SHSCDG0865
SHSCDG0866
SHSCDG0884
SHSCDG0887
SHSCDG0895
SHSCDG0902
SHSCDG0906
SHSCDG0911

**SACRED HEART PRE-PRIMARY SCHOOL**  
**SECTOR 26, CHANDIGARH**

**L.K.G. ADMISSION SCHEDULE : 2022-23**

**Date : 04.02.2022**

**Time : 11.00a.m. to 12.00noon**

LKG REGISTRATION NO.
SHSCDG0914
SHSCDG0915
SHSCDG0918
SHSCDG0920
SHSCDG0955
SHSCDG0956
SHSCDG0964
SHSCDG0965
SHSCDG0968
SHSCDG0982
SHSCDG0983
SHSCDG0986
SHSCDG0996
SHSCDG01000
SHSCDG01007
SHSCDG01012
SHSCDG01015
SHSCDG01017
SHSCDG01027
SHSCDG01040

## 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 2021-22 and we/I understand that the fees may be increased by up to 8% for the year 2022-23 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 incase 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 : \_\_\_\_\_ February, 2022

Both sides of this form to be submitted at the time of Orientation Day

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 Poilo	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 (Every3 Year)		
TT (Every 5 Year)		
Other Vaccines		

Doctor's Observation.....

Signature: ..... Father ..... Mother ..... Legal Guardian (if any) .....

Father

Mother

Legal Guardian (if any)

**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) .....

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 \_\_\_\_\_

Fit to participate in age specific physical/other activity with precaution \_\_\_\_\_

Should not participate in the following sport/ activity: \_\_\_\_\_

Name of Doctor.....

Signature of Doctor .....

**Parameters of Annual Medical Checkup**

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

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

<b>EMERGENCY CONTACT NUMBER</b>									

**NAME AND CONTACT NUMBER OF DOCTOR IN CASE OF EMERGENCY**

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