

**List of Selected EDG
Candidates for Nursery;
Session : 2025-26**

Registration Number

EDG/NUR-25/001

EDG/NUR-25/002

EDG/NUR-25/004

EDG/NUR-25/005

EDG/NUR-25/006

EDG/NUR-25/007

EDG/NUR-25/008

EDG/NUR-25/009

EDG/NUR-25/010

EDG/NUR-25/014

EDG/NUR-25/015

EDG/NUR-25/016

EDG/NUR-25/017

EDG/NUR-25/019

EDG/NUR-25/026

EDG/NUR-25/030

EDG/NUR-25/034

EDG/NUR-25/036

EDG/NUR-25/037

EDG/NUR-25/038

EDG/NUR-25/040

EDG/NUR-25/042

EDG/NUR-25/043

EDG/NUR-25/047

EDG/NUR-25/050

EDG/NUR-25/051

EDG/NUR-25/054

EDG/NUR-25/059

EDG/NUR-25/061

EDG/NUR-25/067

SACRED HEART SR. SEC. SCHOOL
SECTOR 26, CHANDIGARH

Date:

Registration No. EDG

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	Original and attested photocopies of birth certificate
3	Alumni: 1) School leaving certificate/class 10 pass certificate. 2) List detailing the support given to the school
4	Copy of Declaration
5	The School ' Health Record ' form duly completed, signed and stamped by a certified MBBS Doctor.
6	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

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

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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

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

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

Booster Doses

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

Doctor's Observation.....

Signature: Legal Guardian (if any)

Father Mother Legal Guardian (if any)



Sacred Heart Sr. Sec. School

Sector 26, Chandigarh



General Instructions:

- 1) This registration is compulsory for all the students.
- 2) Please fill the form in **CAPITAL LETTERS**.
- 3) Please furnish the correct and clear information.
- 4) Put cross (x) against the field which is not applicable to you.
- 5) Please fill the personal details same as filled in the admission form.

STUDENT'S DETAILS

First Name _____ Middle Name _____ Last Name _____

Class _____ Sec _____

Date of Birth DD MM YYYY

Date of Admission DD MM YYYY

Admission Number

Religion HINDU MUSLIM SIKH CHRISTIAN CATHOLIC JAIN BUDDHIST OTHERS _____

Caste SC ST OBC GENERAL Nationality _____

Sibling Yes/No 1) Sibling's Name _____ Class/Sec _____ Adm. No _____
2) Sibling's Name _____ Class/Sec _____ Adm. No _____

Student Mobile No. Address _____
(If any)

Student Email _____ Aadhar No. _____
(If any)

IN CASE OF EMERGENCY

Contact Person _____ Address _____

Relation _____

Phone _____

FATHER'S DETAILS

First Name _____ Middle Name _____ Last Name _____

Residential Address: _____ Office/Company/Workplace Address: _____

Date of Birth: DD MM YYYY Profession: _____

Email ID : _____ Mobile No. :

Designation: _____ Annual Income _____

MOTHER'S DETAILS

First Name _____ Middle Name _____ Last Name _____

Residential Address: _____ Office/Company/Workplace Address: _____

Date of Birth: DD MM YYYY Profession: _____

Email ID : _____ Mobile No. :

Designation: _____ Annual Income _____

MEDICAL DETAILS

Blood Group Height (cm) Weight (kg) Eye Sight (R) Eye Sight (L)

Family Doctor's Name _____ Doctor's Address _____

Allergy/Medical Description (if any) _____

Suffering From Any Chronic Disease (Y/N). If Yes, please give details _____

SMS SERVICE DETAILS

Contact Person Name _____ Contact Email _____

Contact Person Mobile No.

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

I, the undersigned, agree and give my consent to receive SMS from my ward's school regarding his/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