

**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    | <b>Original and attested photocopies of birth certificate</b>   |
| 3    | Alumni: 1) School leaving certificate/class 10 pass certificate.<br>2) List detailing the support given to the school                       |
| 4    | A Demand Draft of Rs. 37,000/- (Admission Fee–Non Refundable) in favour of “ <b>SACRED HEART PRE-PRIMARY SCHOOL</b> ” payable at Chandigarh |
| 5    | Copy of Declaration   |
| 6    | The School ‘ <b>Health Record</b> ’ 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        |  |  |  |
| <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><br>..... |  |  |  |  |  |  |  |
| <b>Class :</b> .....  | <b>Mother's Name</b> .....                        |  |  |  |  |  |  |  |
| <b>Admission No.:</b> .....   | <b>Address:</b> .....                             |  |  |  |  |  |  |  |
| <b>Date of Birth :</b> .....  | .....   |  |  |  |  |  |  |  |
| Recent Passport sized Photograph of the child<br>(not more than one month old)  | <b>PHONE NOS</b>                                  |  |  |  |  |  |  |  |
|    | <b>Office:</b> .....                              |  |  |  |  |  |  |  |
|   | <b>Residence:</b> .....                           |  |  |  |  |  |  |  |
|   | <b>Mobile</b> .....                               |  |  |  |  |  |  |  |
| <b>EMERGENCY CONTACT NUMBER</b>   |   |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |

**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         |          |      |
|                       | 2Months          |          |      |
|                       | 3 Months         |          |      |
| Measles               | 4Months          |          |      |
|                       | At Birth         |          |      |
|                       | 1 Month          |          |      |
|                       | 2 Months         |          |      |
| MMR                   | 3 Months         |          |      |
|                       | 4 Months         |          |      |
|                       | 9 Months         |          |      |
|                       | 16 Months        |          |      |
| DPT+OPV+HB            | 18 Months        |          |      |
|                       | 2 Years          |          |      |
| 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: ..... Legal Guardian (if any) .....

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



# Sacred Heart Sr. Sec. School

Sector 26, Chandigarh

Photograph

## 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 pupil .....Class .....Section .....

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 |
|-------------------|---------------------------|--------------------------|------------|---|--------|
| <b>PANCHKULA</b>  |                           |                          |            |   |        |
| 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   |
| <b>CHANDIGARH</b> |                           |                          |            |   |        |
| 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<br>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<br>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   |
| <b>MOHALI</b>     |                           |                          |            |   |        |
| 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<br>9855680287 | (N)C - 41  | Naya Gaon                                     | 2835   |
|                   |                           |                          |            | Dhanas, Mullanpur Chowk, Khuda Lahora         | 2887   |
|                   |                           |                          |            | Omex, New Chandigarh                          | 3672   |