



ATTACH
STUDENTS
PHOTOGRAPH
HERE

The Principal,
PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE
PANCHGANI 412 805.
Maharashtra, INDIA.
Phone: 02168 – 240900, 240901, 240902.

Dear Sir / Madam,

I / We desire that my / our _____ may be admitted to the **SCHOOL DIVISION OF PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE, PANCHGANI.**

I / We have carefully read the Prospectus & Website containing the Rules and Regulations, Terms and Conditions and Requirements of the Institution and I / we hereby agree to abide by them.

I / We also agree to the all the Rules and Regulations, Terms and Conditions and Requirements of the Institution mentioned in the Prospectus & Website.

I / We undertake to pay the Fees on admission. After admission if my son / daughter is unable to adjust to the institution, the fees is NOT refundable under any circumstances. Full Term fee is charged, irrespective of the fact when the pupil joins the institution.

FEES ARE NOT REFUNDED IF THE CHILD IS WITHDRAWN IN THE MIDDLE OF THE ACADEMIC YEAR.

I am aware that in case my son/ward is not joining in the new academic year, notice of withdrawal is to be submitted to the school by **January 15th**. If the notice of withdrawal is submitted after January 15th to the school then a notice fee of **Rs. 50,000/-** will be charged.

I am also aware that there is a fine of Rs.100/- per day on fees not being paid on time.

All legal matters concerning students and student-related cases are subject to Wai jurisdiction.

Particulars of the candidate to be filled in **BLOCK LETTERS ONLY.**

Name in Full - (In Block Letters)	Surname:	Child's Name:	Father's Name:
Date of Birth - Attach Xerox Copy of Birth Certificate	In figures:	In words:	
Place of Birth:	District & State:		

Nationality _____ Passport No. _____

Dormitory NORMAL/SPECIAL _____.

Religion _____ Mother Tongue _____

Standard in which seeking admission in PINWOODS. _____.

Name of the Last School/ Board & Full address _____

Medium of Instruction _____

Standard Completed _____ Year _____

Name of Parent/Legal Guardian _____

Yearly Income _____ Occupation _____

I have read the Prospectus and agree to abide by the all the rule in all respect, and also accept that they may be changed from time to time without notice.

Date _____

Signature of Father/ Mother/ Legal Guardian

IMPORTANT:

ON CONFIRMATION OF ADMISSION PLEASE PROVIDE THE FOLLOWING:

- 1) STUDENT'S LAST SCHOOL REPORT
- 2) ORIGINAL COPY OF THE LEAVING CERTIFICATE FROM THE LAST SCHOOL. (THE CERTIFICATE SHOULD BE ATTESTED BY THE EDUCATION OFFICER.)

FOR OFFICE USE ONLY:

Admission test conducted on

Admission Granted in Grade

Academic Year

Papers Submitted

1. _____

2. _____

3. _____

4. _____

PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE, PANCHGANI.
(All Details to be filled in complete)

FILL IN THE FOLLOWING FORM IN CAPITAL LETTERS.

NAME OF STUDENT: _____

FATHER'S FIRST NAME: _____

FATHER'S MIDDLE NAME: _____

FATHER'S LAST NAME: _____

MOTHER'S FIRST NAME: _____

MOTHER'S MIDDLE NAME: _____

FULL RESIDENCE ADDRESS WITH PINCODE:

PHONE NO. OF RESIDENCE: _____

MOBILE NO. OF FATHER _____

EMAIL ID OF FATHER _____

MOBILE NO. OF MOTHER _____

EMAIL ID OF MOTHER _____

FULL OFFICE ADDRESS WITH PINCODE:

PHONE NO./ FAX NO. OF OFFICE: _____

PERMANENT ADDRESS:

NAME OF RELATIVE & FULL ADDRESS WITH PINCODE:

RELATIVES' PHONE NO.: _____

RELATIVES' MOBILE NO.: _____

RELATIVES' E-MAIL ID _____

Signature of: _____

Father

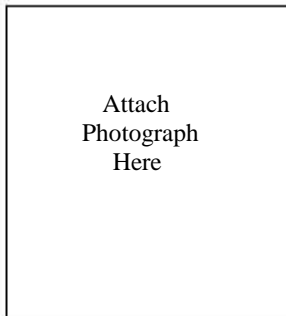
Mother

Legal Guardian

PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE

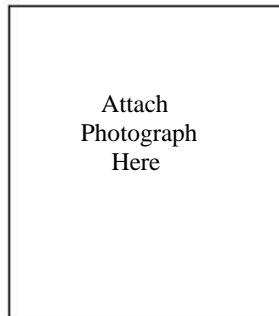
PANCHGANI 421 805, Maharashtra, INDIA.

FORM B



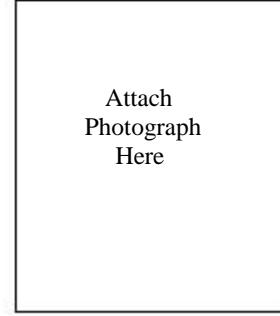
Attach
Photograph
Here

MOTHER



Attach
Photograph
Here

FATHER



Attach
Photograph
Here

GUARDIAN

Declaration to be signed by Parent / Guardian at the time of admission.

1) I _____ Parent /guardian of _____ have carefully, read the PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE'S prospectus and I accept the terms. Conditions, principles and procedures on which the institution functions and agree to abide by all the rules and regulations (or any substitutions for or modifications in them, which may be made by the school authorities from time to time). I will particularly carry out the rules and procedure regarding the payment of the fees and other dues, fully accept the Principal's absolute discretion and decision in the matter of discipline, promotion and admission of students.

2) Fully realizing that in the course of normal life and the many-sided and strenuous training given in the institution particularly in physical activities and excursions and trips, accident are likely to occur, resulting sometimes in serious damage to life and limb, I hereby absolve the institution of all responsibility in case such accident or accidents befall on my son / daughter / ward in this institution after making sure of its capability in taking normal precautions.

Fees and other charges are liable to be revised at any time. Full Term fee is charged, irrespective of the fact when the pupil joins the institution.

I specifically accept the conditions that the name of my son / daughter / ward is liable to be removed from the roll and the student to be sent home if the payment of fees falls in arrears for more than two months from the date of bill. I also agree to the term of fine of Rs.100/- per day in case I do not pay the fees within stipulated period. I also agree that my child will not be permitted to appear in the examinations if dues are not cleared.

4) I accept the Principal's absolute discretion in the regard to who is to be allowed to meet my son / daughter/ward during term time, where he / she is to be allowed to go or visit whilst he / she is at institution and what personal expenditure he / she is to be allowed. I agree that the institution may give or get for my son / daughter / ward any article urgently required by him/her and that bill for such articles will be sent to me.

5) I understand that the school maintains the right to remove / rusticate a student at any time and without reconsideration or appeal for low academic achievement or if the student fails to conform to the standards or discipline set by the institution.

6) I am fully aware that boys / girls are not admitted on trial and that fees once paid will not be refunded.

7) With regard to complaints of any kind, if any, I shall meet the School Authorities in the Office only and not the Class Teacher or any other Teacher/Warden.

8) I have read the prospectus / visited the website, read all the rules and I am bound by all the rules of the institution and will abide by them.

9) FEES ARE NOT REFUNDED IF THE CHILD IS WITHDRAWN IN THE MIDDLE OF THE ACADEMIC YEAR.

I am aware that in case my son/ward is not joining in the new academic year, notice of withdrawal is to be submitted to the school by January 15th. If the notice of withdrawal is submitted after January 15th to the school then a notice fee of Rs. 50,000 will be charged.

10 All legal matters concerning students and student-related cases are subject to Wai jurisdiction

Date _____

Mother

Father

Legal Guardian

PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE
PANCHGANI 412 805, Maharashtra, INDIA.
FORM C
Certificate of General Health

(To be filled in and signed by the Medical Officer)

A. This is to certify that I have examined today Master / Miss _____
 _____ aged _____ and I find
 that he/she is not suffering from any infectious or contagious disease and that he/she is physically
 fit in all respects to attend the boarding and to take part in all its activities.

1. (a) Height _____ (b) Weight _____ (c) Chest _____
2. Identification Marks (i) _____ (ii) _____
3. (a) Last Inoculation taken on : _____
 (b) Last Vaccination taken on : _____
4. Record after each disease given below with (+) for positive and (-) for negative, Depending
 whether the boy/girl has suffered from it or not :

I)	Rheum, fever	<input type="checkbox"/>	II)	Malaria	<input type="checkbox"/>
III)	Typhoid	<input type="checkbox"/>	IV)	Enuresis	<input type="checkbox"/>
V)	Measles	<input type="checkbox"/>	VI)	Nephritis	<input type="checkbox"/>
VII)	Diphtheria	<input type="checkbox"/>	VIII)	Mental retardation	<input type="checkbox"/>
IX)	Worms	<input type="checkbox"/>	X)	Poliomyelitis	<input type="checkbox"/>
XI)	Asthma	<input type="checkbox"/>	XII)	Dysentery	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

5. Other Information :

- i) Eyes: Refractive Error / Trachoma
- ii) Ears: Any discharge / disease / deafness
- iii) Nose: Epitasis – D.V.S.
- iv) Tonsils: Chronic Enlargement
- v) G.I.T. – Appendicle Colic/Any other colic
- vi) Hernia / Hydroceles
- vii) Phimosis

6. Any injury, illness or operation during the last two years?

7. Allergy to drugs: Penicillin, Sulfa group, Quinine, Chloramphenicol, Ferramycin and any other
 Drugs.

8. B. C. G.

9. Small Pox

10. Blood group _____ (Report of G6PD Blood Test to be enclosed)

Name of the doctor _____

Address _____

Signature / Seal of the Doctor
Date:

PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE, PANCHGANI.

Certificate of General Health

A. This is to certify that I have examined Master / Miss _____

_____ aged _____

and I find that he / she is not suffering from any infectious or contagious disease and that he / she is physically fit in all respect to attend a boarding institution and to take part in all its activities.

B. That vaccinations / inoculations have been given for the following:

Disease	Date of Inoculation	Validity Period / to be reported on
a) Chicken Pox		
b) Measles		
c) Typhoid		
d) Cholera		
e) Diphtheria		
f) Hepatitis B		

Signature / Seal of Doctor

Date:

PINEWOODS INTERNATIONAL HIGH SCHOOL & JUNIOR COLLEGE, PANCHGANI.

FOR FOREIGN STUDENTS ONLY

Name in Capital (As it appears in the PASSPORT)

Present Nationality _____

PASSPORT PARTICULARS

VISA PARTICULARS

No. _____

1. No. _____

Issued at _____

2. Issued at _____

Issued on _____

3. Issued on _____

Valid till _____

4. Visa for India

Valid till _____

Date and Place of arrival in India _____

Name of Vessel / Airline on which _____
arrived in India.

Address of last residence outside India _____

PLEASE NOTE ADMISSION WILL BE GRANTED ONLY ON STUDENT'S VISA.

NAME AND DETAILS OF GUARDIAN IN INDIA:

Full Name _____

Occupation _____

Residential Address _____

Phone No. _____ Mobile No. _____

E-Mail ID _____

Office Address _____

Office Phone No. _____ Office E-Mail ID _____

Date: _____

MOTHER

FATHER

GUARDIAN