



# Mount Hermon School

P.O.North Point , Darjeeling -734104, W.B.,INDIA

**Admission form**

## Students Information

FORM NO	Academic year	Class	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Group	Gender	Religion	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhar card/Vote CardNo	1st Language	2nd Language	Mother Tongue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT TYPE			
<input type="text"/>			

## MAILING ADDRESS

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## PERMANENT ADDRESS

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## INFORMATION ABOUT FATHER

Father's Name	Father's date Birth	Father's Qualification	Board/ university
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Profession	Organization	Designation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Income	Office Address	Office Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No	E-mail Id		
<input type="text"/>	<input type="text"/>		

**Information about Mother**

Mother's Name	Mother's Date of Birth	Mother's Qualification	Board / University
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Profession	Organization	Designation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Income	Office Address	Office Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adhar Card/ Vote Card No	1st Language	2st Language	Mother Tongue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No	E-maile Id		
<input type="text"/>	<input type="text"/>		

**Guardian Information [other than Parent]:-**

Guardian's Name	Relation with Candidate	Address	Pin No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Country	Mobile No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relatives or Family Members Studied.			
<input type="text"/>			

Produce Original and self attested photocopies of documents to support the above information (IDcard/Fee Book)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Additional Information about Parents**

Are you an ex-student of M.H.S ?	Year of Passing
<input type="text"/>	<input type="text"/>

Student's Photo
PHOTO

Father's Photo
PHOTO

Mother's Photo
PHOTO

Guardian's Photo
PHOTO

### Declaration /Undertaking

I understand that this registration from is only a request for admission without any obligation on the part of the school authorities to admit my child.

I understand that any sort of canvassing in the form of offering donation or reference will lead to disqualification of my ward's admission procedure.

I agree to abide by the rules and regulations of the school . I understand that these rules and regulations including the structure of school fees, may be modified and amended from time to time.

Do you give permission for moral instruction, Christian in nature?  Yes  No

Do you give permission for mdical Checkup from time to time conducted by the school?  Yes  No  
for Christain Students:

I agree to allow my word to participate all religious/ churchrelated activities that the school may organise from time to time . This regulation also applies when activities take place out of the usual school hours and outside the school premises

I certify that the information furnished in this form is true to the best of my knowledge.

Signature of Parent / Guardian : \_\_\_\_\_

### IMPORTANT INFORMATION

MOUNT HERMON SCHOOL is committed towards all round development of its students. In today's extremely competitive world, our students are often irrationally subjected to extreme conditions of stress, strain and mental trauma. The reason for this may be peer pressure, high expectation of parents, exposure to wrong information , which in turn , may be due to the unavailability of the accurate information and the absence of a patient and understanding advisor. Our student Counsellor is always available to help our students. Parent counselling too plays a very significant role. Parents need to be supportive and attend all individual and group counselling sessions as and when required.

It is compulsorily for every student to take part in extra curricular activities (Annual Concert, Annual Sports, Exhibition and other events) held in or outside the school premises. This regulation is also applicable to such activities which take place beyond usual school hours.

Should programmes like workshop, seminars or similar other activities be organized and conducted, all concerned students must compulsorily attend, even if the programmes take place outside the school premises and / or after school hours.

A minimum of 75% attendance is to be maintained.

Fees paid during admission are non refundable and further request in this regard will not be entertained.

(ACCEPTANCE OF THE APPLICATION FORM DOES NOT GUARANTEE ADMISSION)

### DECLARATION & ACCEPTANCE

We accept and uphold all rules and regulations of MOUNT HERMON SCHOOL for the round development of my daughter/Son

father's Name :.....

Signature :.....

Mother's Name :.....

Signature :.....

The submission of the Application Form or completing the admission process and there after appearing for interaction does not guarantee admission. The School reserves the sole right to take the final decision regarding all admissions and the same shall be considered as final and binding on all applicants.

Residence Proof  Medical Certificate  Income Proof  Birth Certificate  Last Year's Mark Sheet

### Choice of Meals

VEG ITEM  NON VEG ITEM  EGG  FISH  CHICKEN  MUTTON

### MEDICAL REPORT

#### HEALTH REPORT

(The certificate must be filled in and signed by the parent or guardian. If incomplete information is given this is liable to be regarded essay breach of contract and will cancel admission.)

Pupil's name in full (Block letters, Surname underling) \_\_\_\_\_

Boy or girl \_\_\_\_\_ Date and year of birth \_\_\_\_\_

Boarder or Day Scholar Name and address of parent or guardian \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

**1. Has the Pupil had**

Chickenpox ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if so ,give date	<input type="text"/>	Whooping cough ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so give date	<input type="text"/>
Diphtheria?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if so ,give date	<input type="text"/>	Typhoid fever ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so give date	<input type="text"/>
Measles ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if so ,give date	<input type="text"/>	Rheumatic fever ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so give date	<input type="text"/>
German Measles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if so ,give date	<input type="text"/>	Dysentery ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so give date	<input type="text"/>
Amoebic or Bacalary ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if so ,give date	<input type="text"/>	T.B. ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so give date	<input type="text"/>
Amoebic or Bacalary ?			Any other infectious disease ? If so What ?	<input type="text"/>	Please give dates		<input type="text"/>

**2. Has The Pupil been successfully:**

a. Vaccinated against smallpox ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>	f. Inoculated against cholera ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>
b. re-vaccinated against smallox ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>	g. Inoculated against tuberculosis ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>
c. Inoculated against diphtheria ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>	h. Inoculated against polio ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>
d. Inoculated against whooping cough ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>	i. Inoculated against tetanus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>
e. Inoculated against typhoid ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>	j. Inoculated against any other disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	<input type="text"/>
			Please give dates	<input type="text"/>			

(Measures a,b,c,d,e,f,g, are compulsory and should be performed before the pupil enters school. A medical certificate testifying that this measures have been taken mast accompany this from . if this measures are not taken carried out before the pupil enters school .The school medical officers will have right to take steps to carry them out without any further reference to the parent or guardian. It is understoot that the signature of the parent to his blank gives permission for such action)

**3. Do you have your permission for your child to have polio inoculation**

**4. Has the pupil had this**  if so , when ?  
 been ruptured ?  if so  
 When ?  Has any discharge from the ear ?

if so, when

**5. Is the pupil to any special from of lines e.g bed wetting etc**

**6. Has the pupil had any surgical operations ? If so give particulars**

**7. Does the pupil suffer from any ailment, or constitional pecufanty of fecting the general Health, site, hearing etc.?**

**8. Does the pupil suffer from worms?**  if so what kind (round worms, leap worms hook worms, thread worms)?

**9. Are the teeth in good order?**

**10. Is the pupil in your opinion in all respects for ordinary school life?**

**11. I hearby undertake to inform the school of any illness contact with infectious disease, which occurs at any time after this date before pupil enters. or while subsequently he /she is on leave from school**

**12. In case of emergency I here by give permission for the Principal or his authorised agent to give legal and of financial consent for any operation or medical treatment my child may have to undergo**

Mandatory.....

Signature of Parent's.....  
 Date.....