

DAYSCHOLAR FORM- 2025

ALL SAINTS' COLLEGE.NAINITAL

This part of the form is to be completed, signed and returned along with the Medical Form clearance and accounts office clearance to the Class Teacher of the child :

Name of child..... ClassSection.....

House.....Date of Birth.....Blood Group.....

**Email id.....Aadhar No:
.....**

In case of emergency please give a phone number where you can be contacted immediately:

**Ph No..... Mobile No
.....**

Signature of father Signature of mother.....

Name of father Name of mother.....

**Address Address
.....
.....**

Email id of father Email id of mother.....

Ph no. of father with local/std code Ph no. of mother with local/std code

**Resi.....
Resi.....**

Off..... Off.....

Mobile No..... Mobile No.....

NOTE: It is compulsory to mention here if your daughter is staying without the parents in Nainital and with whom she is staying (Name,relation& full address):

Name of the guardian

.....

Relationship.....Address & Contact

Nos.....

.....

.....

.

Signature of Local Guardian/Grand parents/Uncle/Aunt:.....

Details of vehicles being used to drop and pick the child from the school:

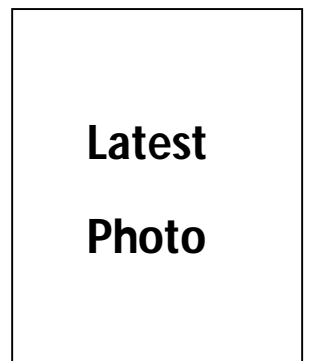
Name of the driver with his photograph:.....

Address.....

.....

- **Vehicle No.....**
- **Mobile No.....**
- **Landline No.....**

Date.....



UNDERTAKING BY THE PARENTS -2025

If a student is found guilty of any points of behaviour mentioned below she will be rusticated from the College with immediate effect.

1. In possession of mobile phones or any other objectionable material.
2. Breaking college rules.
3. Disobedience, defiance and insolence.
4. Instigating and leading peers for anti-college activities.
5. Misbehaving in and out of the campus.
6. Day scholars-bringing or posting any letters, conveying telephonic messages or carrying mobile phonesto school for the use of Boarders.

Note: Bullying of any sort is STRICTLY prohibited.

I hereby declare that my daughter of class.....

House have read the notice carefully and will abide by all the points on behavior mentioned above. **If she is found guilty of any I will fully agree by the decision taken by the Principal.**

Signature of the Student:

Father

Name:

Signature:

Date:

Mother

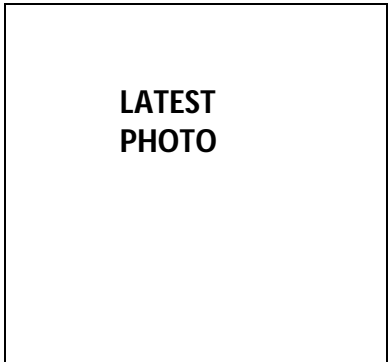
Name:

Signature:

MEDICAL EXAMINATION FORM 2025

Important: In the interest of their children, the parents must fill the form completely and accurately.

BOARDER /DAY SCHOLAR



Name of Pupil:

Class and Section: Blood Group:

House: School Code Number:.....

Date of birth

Address:

Emergency telephone numbers: 1.....

2..... 3.....

No student will be allowed to enter the college unless this form is completely and correctly filled.

History of Vaccinations Received

Vaccination	Date/Year	Vaccination	Date/Year	Vaccination	Date/Year
BCG		Polio		Hepatitis-A	
Measles		MMR		Hepatitis-B	
Hib		TT		Typhoid	
Chicken pox		DPT		Swine flu	
Seasonal Flu Vaccine		Covid Vaccines -I		Covid Vaccines -II	

History of Past Illness

Mumps		Fracture	
Measles		Psychiatric	
Rheumatic fever		Jaundice	
Asthma		Seizure	
Chicken pox		Operations	
Tuberculosis		Any other	

History of illness in the Family

Tuberculosis		Epilepsy	
Hypertension		Asthma	
Diabetes		Any other	

General Examination of the pupil

Height		Weight	
Blood Pressure		Pulse Rate	
Respiratory rate		Pallor	
Jaundice		Oedema	
Cyanosis		Lymph Nodes	
Skin Allergies		Hair	
Nails		Lice	

Cardiovascular System

Heart sound	
Murmur or extra sound if any	

Respiratory system

Breath sound	
Crackles	
Rhonchi	

Gastrointestinal System

Liver	
Spleen	
Any other lump	

E.N.T.

Tonsils		Pharynx	
DNS		Ear drum	
Wax		Perforation	

Central Nervous System

Cranial Nerves		Tendon Reflexes	
Planter		Dyslexia	

DETAILS OF ANY ABNORMALITY DETECTED ABOVE

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ALLERGIC TO ANY FOOD/MEDICINE

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INVESTIGATIONS (Kindly attach the photocopy of reports)

Blood Examination

ABO-Blood Group		ESR	
Hb%		TLC	
Blood Sugar		Serum Urea	
DLC		Serum Creatinine	

Routine Urine Test:

.....

Seal:..... Doctor's

Signature:.....

OPHTHALMIC CHECK UP BY AN EYE SPECIALIST: (Please state the power of the spectacles[if any] and bring two pairs of spectacles at the time of joining school)

Seal:..... Doctor's

Signature:.....

DENTAL CHECK UP BY A DENTIST

Seal:..... Doctor's

Signature:.....

Home Medication advised to the Child with prescription of the doctor attached

-----In case of serious illness Parents/Guardians are immediately notified.

Please give your TELEPHONE NUMBERS:

Father: Mother:

You are requested to read the below mentioned rules and points before giving your signatures at the end of the form.

1. At the time of check-in after absence from school due to medical reasons, kindly bring a photocopy of your child's doctor's prescription, reports and medical fitness certificate issued by the CMO. If **these documents are not submitted then the student will not be checked-in.**
2. Kindly see to it that your ward is immunized for all the vaccines mentioned in the health form and mention the dates/year of vaccination.
3. Kindly get the reports of the blood and urine test mentioned in the form of your ward.
4. Information regarding any on-going medical treatment should be submitted in the office with authentic documents at the time of the child's first check-in.
5. Incase your ward is on home medication, kindly submit prescriptions (original or photocopy) of the doctor for the same.
6. **Children suffering from HYPERTENSION, DIABETES, EPILEPSY, ASTHMA, PSYCHIATRIC ILLNESS (DEPRESSION ETC) BED WETTING AND SEVERE ALLERGIES INCLUDING DIETARY** are advised not to seek admission in the boarding and to stay as dayscholars. If she is discovered subsequently to have any form of above mentioned illness, the principal will have the right to order the wards withdrawal.
7. Medical leave will be granted only on submitting an appointment letter from the doctor with the application.
8. No child is allowed to keep medicines or tonics with her in the dormitory. Medicines must be handed over to the infirmary sister with doctor's prescription and dosage.
9. The school has no provision for fasting in the boarding for any reason.
10. We authorize the school to take decisions regarding best medical treatment for our ward in our absence.

Father

Mother

Name:

Name:

Signature:

Signature:

DETAILS OF STUDENTS 2025

(FOR CLASS TEACHERS –JUNIOR SCHOOL & HOUSE MISTRESS –SENIOR SCHOOL)-

Name of Pupil :.....

Class: **Section:** **Code No:**

House: **Blood**

Group.....

Date of Birth:(According to the Admission Form)

Child's email Id:

.....

Blood Group: **Adhaar No.**

Passport No:

1. PARENTS DETAILS :-

Father

Mother

Name:..... **Name:**

Email Id: **Email Id:**

.....

Occupation: **Occupation:**

Contact No's:-

Mobile:

Mobile:.....

Residence:

Residence:.....

Office: **Office:**.....

Address: **Address:**

.....

.....

Pin code (compulsory):

NOTE: It is compulsory to mention here if your daughter is staying without the parents in Nainital and with whom she is staying (Name, relation & full address):

Name of the guardian

.....

Relationship.....

Address

.....

.....

.....

Contact Nos.....

Signature of Local Guardian/Grand parents/Uncle/Aunts:

.....

.....

Signature of Father..... **Signature of**

Mother.....



SWIMMING CIRCULAR 2025

This is to inform you that the Swimming Classes will be held for the entire school. As this sport is a life saving art therefore it is compulsory for all the students to participate in this activity.

The pool is well equipped with warm water facilities and all safety measures. **Students must purchase their own swimming suit and skull cap(from the school supplier).**

Those students who claim to be medically unfit will be exempted only after the submission of an application by the parents and a medical certificate from the Chief Medical Officer of a government hospital.

Kindly sign the consent given below and submit it with the other circulars.

Yours sincerely

MrsK.E.Jeremiah

I hereby give/not give my consent for my daughter
.....

Class to attend swimming classes in the College.

FatherSignature:

Mother Signature:

Date:

COLLEGE TIMINGS -2025

Senior school

Games & P.T. from April to May

(Monday to Friday) 4:00 pm to 5:00 pm –Compulsory

Attendance : 8:20 am

Classes 8:30 am to 3:20 pm

Lunch 12:40 pm to 1:20 pm

Saturdays 8:20 am to 12:40 pm

Junior School

Classes I & II Monday to Friday 8:20 am to 2:10 pm

Lunch 12:20 noon to 1:00 pm

Class III to V Monday to Friday 8:20 am to 3:20 pm

Lunch 12:20 noon to 1:00 pm

Classes I to V Saturday 8:20 am to 12:20 pm

PLEASE NOTE :

1.It is compulsory for all Day Scholars to report to College at 8:15 am every day.

2.Parents of Day scholars have to keep a close watch on their child /children, that they do not bring or post any letter or convey any telephonic messages or carrying mobile phone to school on behalf of their boarder friends. Any student found guilty will be expelled from the College.

DAYSCHOLARS- CIRCULAR 2025- CLASSES I TO XII

Uniform to be purchased from the School's authorized dealer M/S Swaran Sons, The Mall, Nainital. (tel. No. 05942-231499) and Shoes to be purchased from Wasi Shoe Store, Mallital, Nainital.

ITEM	NO.	ITEM	NO.
Navy Blue Blazer	01	Serge Blazer	01
Open monogrammed cardigans for classes XI & XII -Sleeveless	01	Monogrammed Jersey Sleeveless	01
Full Sleeves	01	Full Sleeves	01
Navy Blue Trousers	02	White Terricot shirts long sleeved with shirt collars	06
Navy Blue Terricot Tunics	03	House t-shirts	02
House Track Suits: Summer With hood	02	Socks: Navy blue cotton socks-knee length	03Pairs
Winter without hood	02	Navy blue woollen stockings	03Pairs
		White cotton socks	02Pairs
Cycling Shorts(classes VI to XII) Blue	04	Bloomers (classes I to V) Blue	04
White	01	White	01
White Shorts	02	White divided skirt(Jr school notrequired)	01
House coloured Swim Suit	01	Skull cap	02
Bathrobe Special Bathrobe only for selected swimmers(AQUATIC MEET)	01 01	Belt	01
Black leather shoes	02pair	White PT shoes	01 pair
Black sketchers	01pair	Athletics White Shorts	02
College Track suit(compulsory)	01	College Blue T-shirt	03
Warm jacket	01	College jacket (fleece)	01

CATEGORY b: (Only For Senior School)Games Attire, supplied by Dua& Co. Mallital, Nainital (05942-235523)(According To The Child's selection in the respective games)

GAME	Number
Basketball Attire	03
Football Attire	03
Cricket Attire	03

Important:

- 1. Day scholars are not permitted to leave the College Premises during College hours.**
- 2. Day scholars are strictly prohibited to bring or post letters or make phone calls or get mobile phones or do shopping for the boarders. Serious measures of punishment will be taken in case any Day scholar is found guilty of this act.**
- 3. Leave applications addressed to the principal must be submitted to the class teacher whenever your child is absent from the college.**
- 4. In case of a prolonged sickness ,a medical certificate should be submitted along with a leave application written by the parent**
- 5. Parents Please Note-Incase any child found in possession of a mobile phone,she will have to be withdrawn from the college with immediate effect.**

Circular To Day Scholar Parents- 2025

1. Classes will begin for day scholars of Classes I to XII-2025.(**Please check college web site for the Date**)
- 2 Deposit the **Medical Form** with the infirmary Doctor/ Sister Or her helper and **collect the Medical Clearance Slip**. It is important in your child's own interest that this form is filled correctly and completely. During depositing the form your child has to be present there.
- 3 **Subject form (Class IX only)** clearance to be submitted in the Co-coordinator's Office.
- 4 Submit the **Accounts clearance, Medical clearance, Swimming form, Photocopy of the Passport, Undertaking by the parents and Subject clearance slip (class IX and XI students only)** to the respective class teacher.
- 5 If your daughter belongs to the **SC/ ST/ OBC quota** then kindly submit an attested **photocopy of the certificate** for the same in the principal's office.
- 6 **Senior School** Students will bring their **own material for S.U.P.W.**
- 7 **Withdrawal:** Should a parent of his **own accord decide against** sending his ward to the College, **after he has deposited the College fees**, the **fees in lieu of notice will be charged** (refer to the **prospectus** regarding the **Fees in Lieu of Notice**). Parents of old students are required to submit a withdrawal letter in the Principal's office at the end of the previous session informing the school that their ward will not be joining the school in the next session.
- 8 **IMPORTANT: SHOULD ANY STUDENT, DAYSCHOLAR OR BOARDER FAIL TO RETURN TO COLLEGE AFTER THE WINTER VACATION WITHIN THREE DAYS OF THE OFFICIAL DATE OF REOPENING WITHOUT CERTIFIED INTIMATION TO THE COLLEGE AND ACQUIRED WRITTEN PERMISSION OF THE PRINCIPAL, HER NAME WILL BE STRUCK OFF FROM THE COLLEGE REGISTER AND HER SEAT MAY BE GIVEN TO A CANDIDATE ON THE WAITING LIST.**
VERY IMPORTANT

1. **CAMERA, VIDEO I-POD AND MOBILE ARE NOT ALLOWED.**
2. **PARENTS PLEASE NOTE:** Mobile phones are strictly prohibited on the College campus. **Incuse any child is found in possession of a mobile phone she will be rusticated from the college with immediate effect.**
3. **Day scholars-Bringing or posting any letters, conveying telephonic messages or carrying mobile phones to school for the use of Boarders.**
4. Parents are warned not to allow other children to call up anyone from their mobile phones, nor should any parent give his/her mobile to any child for the same.
5. Information regarding any **on-going medical treatment** should be submitted in the office/ infirmary with authentic documents.

If a child is checked in late after a holiday and is absent for an examination , no re-examination facility will be provided.

MrsK.E.Jeremiah
Principal