

**ALL SAINTS' COLLEGE, NAINITAL**

**DIET FORM 2010**

Name of the pupil ..... House .....

Class & Section ..... Blood Group .....

This must stand until June Break. Changes may then be made to last until November.

Please tick: I wish my child to have:-

- 1. Pure Vegetarian
- 2. Non-vegetarian
- 3. Vegetarian with egg

**Note :**

- 1. Only diet within these three categories is catered for.
- 2. Special diet of any kind is not possible.
- 3. Milk with Nutramul once a day is given compulsorily to all in view of the needs of growing children (Junior School)

Milk is served twice a day only for Junior School Students.

I wish my child to have extra milk once a day. Yes / No

Signature of Father:..... Signature of Mother .....

Name ..... Name .....

Add. of Father ..... Add. of Mother .....

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Telephone numbers : ..... Telephone numbers:.....

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Date : .....

**Mrs. K.E. Jeremiah**  
**Principal**

**Important : Information regarding any on-going medical treatment should be submitted in the office with authentic documents.**

**Mobile phones are strictly prohibited on the College campus.**

**Medical Leave** : Leave will be granted only if the prior appointment with the doctor has been taken. The appointment letter should be sent with the application in advance.

**Special leave** : In case of marriage of a close relative (own brother/sister) leave will be granted only for four days (far destination) and two days for close destination. The Invitation card should be sent in advance along with the application of the parents.