



UNIVERSITY of CAMBRIDGE
International Examinations
CAMBRIDGE INTERNATIONAL CENTRE

Admission no:

Sharad Pawar International School Pune

Charoli Bk. via Lohegaon, District Pune- 412 105

Maharashtra State, India



Dear Prospective Parents and Students,

Sharad Pawar International School, Pune offers students superior opportunities to excel in all fields of academic, sporting and co-curricular endeavour. Our International focus is a fine preparation for life in the 21st century. We are delighted that you are considering our school and we welcome your interest.

Finding the right school is all about finding the right circumstances for a child. Equally, we strive hard to ensure that we attract students we feel will bring New paradigms to the School by way of talent, potential and energy. Our request to sight your child's last two school reports (where age permits) is one means by which we can determine suitability for admission. We may also ask a child to appear for an entrance test before making a place available. Finally, all places in the School are subject to an interview with the Head - Admissions.

Entrance to the school begins with submitting our 'Application for Admission Form'. It includes a medical form and questionnaire. Please read the forms carefully before you complete them. For detailed information on the admission procedure and admission requisites, please visit our website www.internationalschool.in alternatively ask our admission office for information on above.

You may also like to arrange a school tour before embarking on the enrolment process or perhaps after enrolment. Either way, we would be pleased to see you. Contact our Admissions Office and find a suitable time to experience a school par excellence. I feel sure that you will discover a world class International school with equipped with state – of – the art infrastructure and facilities for day and boarding students.

Once again, thank you for considering Sharad Pawar International School Pune.

Yours faithfully,

William Fernandes

Head – Admissions

Mobile - +91 9975565854

Tel – +91 20 30612700 / 30612701

Fax - +91 20 30612718

Email – William @internationalschool.in

Website – www.internationalschool.in



Admission no:

Sharad Pawar International School Pune

Charoli Bk. via Lohegaon, District Pune- 412 105
Maharashtra State, India



APPLICATION FOR ADMISSION

Proposed Year of Entry: 20

Levels: PYP IGCSE IB

Proposed Grade of Entry (please tick): Nursery KG 1 KG 2 1 2 3 4 5 6 7 8 9 10 11 12

(Example : Attested Copy of the Birth Certificate to be submitted by all students. Children enrolling in Nursery in June 2008 should have completed 2 years of age on or before January 1, 2008 ; those enrolling in KG 1 in June 2008 should have completed 3 years of age on or before January 1, 2008 and so on. The same rule for age with appropriate age limits shall apply for enrollments to all Grades.)

Sex (tick box): Male Female

Type of Enrolment (tick box): Day Student Boarder

Students Name (please print): _____

Other Names: _____

Nationality: _____ Date of Birth: _____

Names of both Parent/s or Guardian/s (including other surnames if applicable):

1. _____

2. _____

Address: _____

Postcode / Zip: _____

Occupation of Parent/s or Guardian/s:

1. _____

2. _____

Telephone Numbers:

1. Home _____ Business _____ Mobile _____

2. Home _____ Business _____ Mobile _____

Fax Numbers:

1. Home _____ Business _____

Email Address: _____

Admission no:

Who will be responsible for the School Account?

Contact Details:

Home

Business

Mobile

Fax

Email Address: _____

Student's present school and grade / year level:
(please attach the last two school reports)

Previous schools with years of attendance:

- 1. _____
Name of the School Period of Schooling
- 2. _____
Name of the School Period of Schooling
- 3. _____
Name of the School Period of Schooling

Religious Affiliation / Denomination: _____

Details of family connections enrolled at the School

- 1. _____
Name of the Person Designation at the School Relation with student
- 2. _____
Name of the Person Designation at the School Relation with student

Name and dates of birth of brothers and sisters

- 1. _____
Name Date of Birth Relation with student
- 2. _____
Name Date of Birth Relation with student
- 3. _____
Name Date of Birth Relation with student

Declaration

To the best of my / our knowledge the information provided in this application form is true and correct

Signatures of Parents / Guardians 1. _____ 2. _____ 3. _____

MEDICAL DETAILS OF STUDENT

Admission no:

Student's Name: _____ Date of Birth: _____

Parent/s or Guardian/s Name: _____

Address: _____

_____ Tel. No: _____

Country of Birth: _____ Citizenship: _____

Medical Provider Details (in case of emergency): _____

Ambulance Cover (tick box): Yes No

Record of Immunization (please complete with care and accuracy)

- 1. Japanese encephalitis Year of last vaccination _____
- 2. Measles Year of last vaccination _____
- 3. Mumps Year of last vaccination _____
- 4. Diphtheria Year of last vaccination _____
- 5. Whooping Cough Year of last vaccination _____
- 6. Poliomyelitis Year of last vaccination _____
- 7. Tetanus Year of last vaccination _____
- 8. Hepatitis Year of last vaccination _____
- 9. Rabies Year of last vaccination _____

Details of any serious illness, operations or accidents (fractures etc) including dates

Illness _____ Period of Illness _____

Illness _____ Period of Illness _____

Has he / she ever had Chicken Pox? (tick box) Yes No

Particulars of any allergy (eg. food allergy): _____

eggitarian vegetarian non-vegetarian Any religious beliefs affecting diet? _____

Does he / she wear prescription glasses _____ When were the glasses last tested? _____

Does he / she have a hearing problem ? _____ Present medication, if any _____

Has he/she ever been medically assessed? _____ If yes, when? _____

Who examined your son/daughter? _____

Has your son/daughter ever had or been tested for psychological problems? _____

Do you authorize the Principal to approve the administration of an anaesthetic where necessary in the opinion of the Medical Officer and when you cannot be contacted immediately _____

Signatures of Parents / Guardians 1. _____ 2. _____ Date: _____

ALL NEW BOARDERS AND PARENTS/GUARDIANS ARE REQUESTED TO CONTACT THE MEDICAL CENTER BEFORE SCHOOL COMMENCES.

Admission no:

For administrative purposes we would appreciate the following information:

What convinced you to enroll your son / daughter in the School?

How did you come to hear about Sharad Pawar International School Pune?

- | | |
|---|---|
| <input type="checkbox"/> Friend/s or acquaintance/s | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Relative/s | <input type="checkbox"/> Website |
| <input type="checkbox"/> Current student or School family | <input type="checkbox"/> Advertising Billboard/Poster |
| <input type="checkbox"/> Television | <input type="checkbox"/> School Tour |
| <input type="checkbox"/> Newspaper | |

Visa No: _____ Date of Issue: _____ Date of Expiry: _____

Country of Issue: _____ Citizenship: _____

Student's First Language: _____

I/We apply for admission of the above-mentioned student to Sharad Pawar International School Pune. I/We do hereby agree to abide by the terms of the prospectus, the regulations of the School and the schedule of fees and payments as amended by the School at its discretion from time to time. I/We agree to permit photographs of my child/children to be used for the educational promotion of the School. I/We agree to accept the School's decisions in regard to student management, welfare and discipline. I/ We sign as the legal custodian/s of the above-mentioned applicant having read and understood all documentation pertaining to this enrolment process and further agree that the School reserves a discretionary right to either accept or reject this application without explanation.

Sign: _____

Dated: _____

FOR OFFCIE USE ONLY:

Registration Fee Paid
(non refundable)

Admission Fee Paid
(non refundable)

Completed application forms to be mailed to:
Sharad Pawar International School
Charoli Bk. via Lohegaon, Pune - 412 105
Maharashtra State, India.

Kindly mention "STUDENT APPLICATION" clearly on the envelope you use to send the application. The Admissions Office will not be responsible for applications misplaced due to problems in the postal / courier service.