



HIM International School, Itanagar

Jollang (III) Daath Village, Itanagar, Arunachal Pradesh, PIN: 791113

T: 8132886528, 8257863792, E: him@hlsindia.org, principal@himinternational.com

W: www.himinternationalschool.com

ADMISSION FORM

Student's Information			
Application Number <input type="text"/>		Class <input type="text"/>	
Name <input type="text"/> <input type="text"/>			Affix recent Passport size photograph
Application Date <input type="text"/> <input type="text"/> <input type="text"/> (day) (month) (year)		Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> (day) (month) (year)	
Category (Please tick the selected category)			
Day Boarding <input type="checkbox"/>		Day School <input type="checkbox"/>	Boarding <input type="checkbox"/>
Parent's Information (Mother)		Parent's Information (Father)	
Name:		Name:	
Mobile No. <input type="text"/>	Affix recent Passport size photograph	Mobile No. <input type="text"/>	Affix recent Passport size photograph
Occupation:		Occupation:	
Designation:		Designation:	
Email-Id:		Email-Id:	
Residential Address <input type="text"/> <input type="text"/> <input type="text"/>			
Residential Phone 1 <input type="text"/> (STD) (Number)	Residential Phone 2 <input type="text"/> (STD) (Number)		
Specimen Signature		Specimen Signature	



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First Local Guardian's Information		Second Local Guardian's Information	
Name:		Name:	
Mobile No. <input type="text"/>	Affix recent Passport size photograph	Mobile No. <input type="text"/>	Affix recent Passport size photograph
Occupation:		Occupation:	
Residence Phone <input type="text"/>		Residence Phone <input type="text"/>	
Residential Address _____ _____ _____		Residential Address _____ _____ _____	
Relationship with Student _____ _____		Relationship with Student _____ _____	
Specimen Signature		Specimen Signature	





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Undertaking by Parents

1. I / We have read the Hostel Rules & Regulations laid down by the School and agree to abide by them.
2. I / We hereby authorize the persons as stated on Page 2 of this form to act as Local Guardians for my / our son/daughter. I / We also delegate my / our responsibility to him / her and authorize him / her to take necessary decision and action in my / our absence.
3. I / We certify that my / our residential address and the Local Guardians address and contact details as mentioned on page 2 of this form are correct. In case of any change, I / we will intimate the same to the school management within 3 days.
4. My / Our ward will not indulge in any act of RAGGING. If he / she is found indulging in any such act or misbehaviour, disciplinary action may be initiated against him / her as per the provisions of the Act NO. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and he / she may be expelled from the school if found guilty. If my / our ward is involved in any act of ragging, an FIR may be lodged against him / her.
5. I / We have gone through the hostel guidelines and read through the fee structure & payment schedule. We agree to abide by them and strictly adhere to the payment schedule given. I / we will deposit the fees in full before the beginning of each term. The school fees and penalty, which is due towards payment by me, will be paid within 30 days. If I / we default in making the payment, I / we are aware that, I / we will be asked to withdraw my / our ward. I / We will accept such a decision of the school authorities.
6. I / We have carefully read the "LEAVE RULES" of the institution for Him International School. I / We understand that no leave is granted to the students unless approved by the Principal / Vice Principal. The gate pass will be issued only to me / us or to the authorized local guardians to take my / our ward, out of the hostel during regular weekend outings / leave for special occasions.
 - a. Leave for attending marriage:
 - I. I / We understand that the application for leave to attend marriage will be supported by a marriage invitation card.
 - II. I / We understand that in addition to the travel time, only two days leave will be permitted for the following cases:
 - i. Marriage of real brother & sister.
 - ii. Marriage of Parents real brother & sister
 - b. Leave on account of death in the family:
 - I. I / We understand that such leave is permissible to offer condolence only in the event of death of an immediate relation in the family.
7. I / We shall ensure that my / our ward will report back to the school on the assigned date as mentioned in the leave application. He / She will join back on the day the school reopens after vacations as per the dates specified in the school calendar. I / We understand that if my / our ward fails to join back on the assigned date, necessary disciplinary action may be taken against him / her as per the school rules & regulations.
8. I / We understand that my / our ward will be expelled from the school for any of the following act:
 - a. Using unfair means in any examination.
 - b. Consistent unsatisfactory progress.
 - c. Any act of Immorality as per social norms.
 - d. Grave insubordination
 - e. Stealing or extortion of money or any item from other students
 - f. Contempt of authority



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- g. Leaving the hostel or school premises without prior permission.
 - h. Damaging school property
 - i. Any word, statement or action likely to undermine the reputation of the institution.
 - j. Bullying, assaulting and any act of ragging
 - k. Smoking, drinking alcohol and use of other psychotropic drugs & substances.
9. I / We certify that all information related to the medical history of my / our ward is correct & complete. I / We understand that the school will do its best to provide routine medical aid, but will not be held responsible for any sickness / undisclosed disease. I / We understand that in case of communicable / infectious diseases, my / our ward will be sent back home. I / We / local guardian will pick him/ her up from the hostel.
10. I / We understand that in case of planned surgical procedures, we will duly inform the school authorities and formally apply for leave for my / our ward supported by all medical details & papers. I / We / Local Guardian will personally pick up our ward. My / Our ward will join back after complete recovery and a medical fitness certificate from the concerned medical practitioner.
11. I / We agree to accept the Medical Insurance Policy which the school will enter into agreement with the Insurance Company. In the event of an emergent requirement of surgery / treatment, I / we permit the school authorities to take appropriate action. I / We assure that the local guardian will immediately rush on information and duly sign all the required medical papers on my / our behalf. I / We agree to reimburse for all the medical expenses incurred by the school authorities during the course of treatment which are not covered under the Insurance policy.
12. If my / our ward leaves the school campus without permission, the school authorities may lodge an FIR with the local Police Station. I / We will have no right to question and raise objections to this action. The school will not be held responsible in the event of any accidental mishap or untoward incident in such circumstances.
13. I / We will try to attend the PTM as per the schedule given in the School Almanac. In case of my / our inability to do so, I / we will ensure that the Local Guardians attend the PTM on our behalf.
14. I / We shall ensure that my / our ward will not carry any eatables, electrical gadgets, mobile phones or any other costly items to the hostel & school.
15. I / We & my / our family shall visit my / our ward only on the specified days stated in the visiting schedule for the Parents / Local Guardian.
16. I / We will not visit the rooms of the students without proper permission from the Principal / Vice Principal / Warden.
17. I / We assure that I / We will extend full cooperation to the School authorities in the interest of my / our ward. I / We have read the rules & regulations of Him International School (Hostel & School) and agree to abide by them. If, in spite of precautions taken by the school, any mishap, accident, injury or death takes place during the period of my / our ward's stay in the school & hostel or if and when he / she joins a tour, excursion, sports activities or camp, I / We will not hold the school or any member of its staff wholly or partly responsible for it.

(Father's Signature)

(Mother's Signature)



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Undertaking by Local Guardians

1. I/We hereby agree to be the Local Guardian(s) for Master / Miss _____
_____ son/daughter of Mr. / Mrs. _____
_____ and agree to take his/her responsibility in the absence
of the Parents.
2. I/We hereby undertake that I/We have read the Hostel Rules & Regulations of the School and agree to abide
by them.
3. I/We confirm that my/our address and contact details are as mentioned in Page 2 of this form and in case
they are changed I/We will intimate the same to the school management within 3 days.
4. I/We hereby undertake that in case of any sickness, particularly in case of any infectious/communicable
disease or any emergency, it will be my/our responsibility to keep the ward with me/us during the directed
period by the school authorities.
5. I/We have studied the leave rules of the institution. I/We assure that, I/we will follow the stipulated timings.
I/We & my/our family shall visit my/our ward only on the days specified in the Visiting Schedule for the
Parents/Local Guardian.
6. I/We will personally pick up & drop him/her back as per the scheduled time of return for weekend outings/
leave etc. I/We assure that I/we will always adhere to all rules related to the issue & submission of GATE
PASS.
7. I/We shall ensure that my ward will report punctually to the school on the school opening days specified
in the School Calendar failing which, disciplinary action may be taken against him or her. I/We are aware
that such action may even be withdrawal from school.
8. I/We shall ensure that my ward does not carry any eatables, electrical gadgets, mobile phones or any other
costly items to the hostel & school.
9. I/We will not visit the rooms of the students without proper permission from the Principal/Vice Principal/
Warden.

(First Local Guardian's Signature)

(Second Local Guardian's Signature)



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Medical Emergency Information

Student's First Name		Middle Name		Last name	
Date of Birth	<input type="text"/>	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Weight
Blood Group					
Address _____					

City _____ State _____ Pin Code _____					
Primary Insurance Co. (If any)			Secondary Insurance Co. (If any)		
Primary Insurance Numbers & Group			Secondary Insurance Numbers & Group		
Past Medical History (Put a ✓ for the correct option)					
Allergies <input type="checkbox"/> None <input type="checkbox"/> Unknown Medical Allergies: _____ _____ _____ _____ _____		Cardiac <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Angina <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> CHF <input type="checkbox"/> Congenital <input type="checkbox"/> Implanted Defib <input type="checkbox"/> MI Other _____		Surgery <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Abdominal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Neurological Other _____ _____ _____	
Chronic Illnesses (Put a ✓ for the correct option)					
<input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Cancer <input type="checkbox"/> COPD <input type="checkbox"/> CVA / TIA <input type="checkbox"/> Diabetic		<input type="checkbox"/> Dialysis/Renal <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Headaches <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV + <input type="checkbox"/> Hypertension <input type="checkbox"/> Paralysis		<input type="checkbox"/> Psychological <input type="checkbox"/> Seizures <input type="checkbox"/> Substance Abuse <input type="checkbox"/> TB <input type="checkbox"/> Unknown Other _____ _____	
Current Medications					

Family Physician			Physician's Phone Number		
Local Contact Name & Relationship			Local Contact Phone Numbers		
Outstation Contact Name & Relationship			Outstation Contact Phone Numbers		



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Additional Information (If any) :



(Father's Signature)

(Mother's Signature)



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FOR OFFICE USE ONLY

Scholar Register No. _____

Date of Admission _____ Admitted in Class _____

To be checked by ADMISSION TEAM

Documents collected during Registration:

- Birth certificate Previous class progress card Transfer Certificate (Original)
 Photographs of student 2 photographs of both parents

Date: _____ Name: _____

Signature of the Adm. Incharge: _____

To be checked by ACADEMIC TEAM

Interaction status: _____

Interaction date: _____

Score: _____ Selected Not Selected

Remarks: _____

Date: _____ Name: _____

Signature: _____

To be checked by ACCOUNTS TEAM

Admission fee deposited: Yes No | Security amount deposited: Yes No

Date: _____ Name: _____

Signature: _____

To be checked by ID Card DEPARTMENT

Identity Card generated: Yes No

Date: _____ Name: _____

Signature: _____