

# ADMISSION PROCEDURE

## FOR INDIAN STUDENTS

The school prospectus together with necessary forms and a VCD will be available from the Pailan World School campus, the city office, and various branches of UCO & UBI, UTI & ICICI Branches. The forms can also be downloaded from the website [www.pailanworldschool.com](http://www.pailanworldschool.com)

- The application form, medical form and boarding form (only for residential students) have to be submitted along with payment of a Registration Fee which is non-refundable. Registration does not guarantee admission to any applicant. Forms downloaded from the website can be duly filled in and sent to the school along with the cost of the prospectus and the registration fee, both payable by demand draft in Kolkata favouring Pailan World School.
- The entrance test will be held in the school on any convenient day between Dec '06 and March 2007. Admission will be confirmed only after assessing the performance of the child in the written test/interview and after assessment of the vacancy position in the concerned class/grade. The entrance test shall cover:

(Classes LKG & UKG)	- No Admission Test
(Classes I & V)	- Interactive Session
(Class VI to IX)	- English, Mathematics, General Studies & EVS.
(Class XI - Entrance based on Class X result)	

- Parents shall also be interviewed on the same day as the students.
- Results of the selected applicants shall be sent to parents individually along with a call letter.

## FOR INTERNATIONAL STUDENTS

Prospectus can be obtained by sending a demand draft payable in Kolkata favouring Pailan World School - USD 24 for Non-resident Indians or USD 26 for Foreign Nationals. The forms can also be downloaded from the website [www.pailanworldschool.com](http://www.pailanworldschool.com)

- The application form, medical form and boarding form (only for residential students) have to be submitted along with payment of a Registration Fee which is non-refundable. Registration does not guarantee admission to any applicant. Forms downloaded from the website can be duly filled in and sent to the school along with the cost of the prospectus and the registration fee, both payable by demand draft in Kolkata favouring Pailan World School.
- The entrance test can be scheduled in the school or in the Indian Embassy of the country where the applicant is currently residing. Parents of the applicant would require to get a no-objection certificate from the school where the applicant is currently enrolled and/or the Embassy concerned. The e-mail address has to be forwarded to us for sending question papers to the Embassy.
- Results of the selected applicants shall be sent to parents individually along with a call letter.

## Age-eligibility as on 1st April 2009

LKG	3+	Born on or between November '05 & October '06
UKG	4+	Born on or between November '04 & October '05
Class I	5+	Born on or between November '03 & October '04
Class II	6+	Born on or between November '02 & October '03
Class III	7+	Born on or between November '01 & October '02
Class IV	8+	Born on or between November '00 & October '01
Class V	9+	Born on or between November '99 & October '00
Class VI	10+	Born on or between November '98 & October '99
Class VII	11+	Born on or between November '97 & October '98
Class VIII	12+	Born on or between November '96 & October '97
Class IX	13+	Born on or between November '95 & October '96
Class XI	15+	Born on or between November '93 & October '94

Please note : All payments to be made by cash or Demand Draft (favouring 'Pailan World School' and payable at Kolkata)



# MEDICAL FORM

## PAILAN WORLD SCHOOL

Plot # B187-206, Phase III, Bengal Pailan Park, Kolkata 700 101

### PERSONAL INFORMATION (filled on)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y

Name of the student in full \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Person to call \_\_\_\_\_

Relationship \_\_\_\_\_ Tel Nos. to call \_\_\_\_\_

Family doctor's name \_\_\_\_\_ Tel No. \_\_\_\_\_

### GENERAL INFORMATION

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Group \_\_\_\_\_

### VISION

Does your child wear spectacles/contacts: **Yes/No**

If yes, please give details and attach prescription \_\_\_\_\_

Is your child colour blind : **Yes/No**

If yes, please give details \_\_\_\_\_

### ENT

Does your child have any type of hearing problem : **Yes/No**

If yes, give details \_\_\_\_\_

### DENTAL

Has your child been recently checked by a dental surgeon : **Yes/No**

If yes, please furnish details and advice \_\_\_\_\_

### INFECTIOUS DISEASES

Has your child suffered from the following ✓ as applicable) :

- |         |                          |             |                          |         |                          |                |                          |                 |                          |
|---------|--------------------------|-------------|--------------------------|---------|--------------------------|----------------|--------------------------|-----------------|--------------------------|
| Measles | <input type="checkbox"/> | Chicken Pox | <input type="checkbox"/> | Mumps   | <input type="checkbox"/> | Whooping Cough | <input type="checkbox"/> | Viral Hepatitis | <input type="checkbox"/> |
| Malaria | <input type="checkbox"/> | Typhoid     | <input type="checkbox"/> | Tetanus | <input type="checkbox"/> | Poliomyelitis  | <input type="checkbox"/> | Diphtheria      | <input type="checkbox"/> |

### SERIOUS ILLNESS

Has your child suffered from any serious illness in the past: **Yes/No**

If yes, give details including year, diagnosis, treatment etc. \_\_\_\_\_

*Please use additional sheet if necessary*

### CHRONIC AILMENTS

Is your child suffering from any chronic ailments : **Yes/No**

If Yes give details including diagnosis, investigation treatment etc. \_\_\_\_\_

*Please use additional sheet if necessary*

### PSYCHIATRIC ILLNESS

Does your child have any past history of psychiatric illness : **Yes/No**

If yes, give details - including those of treatment \_\_\_\_\_

*Please use additional sheet if necessary*

### RECENT ILLNESS

If applicable, give full details \_\_\_\_\_

*Please use additional sheet if necessary*

**ALLERGIES**

Is your child allergic to anything : Yes/No

If yes , what is your child allergic to : \_\_\_\_\_

What is the reaction : \_\_\_\_\_

What is the treatment: \_\_\_\_\_

**ASTHMA**

Does your child have asthma : Yes/No

If yes, please enclose a complete Asthma Management Plan.

**EPILEPSY**

Does your child have epilepsy : Yes/No

If yes, please provide details \_\_\_\_\_

**BLEEDING DISORDER**

Is your child suffering from any bleeding disorder (e.g. hemophilia) : Yes/No

If yes, please provide details \_\_\_\_\_

**THALASSAMIA**

Does your child have thalassamia : Yes/No

If yes, please give details \_\_\_\_\_

**CONGENITAL HEART DISEASE**

Does your child have any type of congenital heart disease : Yes/No

If yes, please provide details \_\_\_\_\_

**PRESENT HEALTH CONDITION**

Whether your child is fit and able to participate in sports and games : Yes/No

If no, please give details \_\_\_\_\_

**HISTORY OF IMMUNIZATION**

Please state the date of the last vaccination for : Diphtheria \_\_\_\_\_ Tetanus \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Influenza \_\_\_\_\_ Encephalitis \_\_\_\_\_ Rabies \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Polio \_\_\_\_\_ Mumps/Measles/Rubella \_\_\_\_\_

Please enclose Immunnization Certificate

**OTHER INFORMATION**

Any other information relating to health of your child that you wish to put on record :

\_\_\_\_\_

**Responsibility in an emergency (please read carefully) :**

In an emergency, I authorize the school to provide consent for medical attention for my child. I agree to my child receiving such medical or surgical treatment as deemed necessary by the medical authorities. I understand that critical health information which will impact my child's education or well being will be given to persons responsible for my child's care.

Signature of Parent \_\_\_\_\_ Dote \_\_\_\_\_

Signature of Medical Practitioner \_\_\_\_\_ Date \_\_\_\_\_



# BOARDING FORM

## PAILAN WORLD SCHOOL

Plot # B187-206, Phase III, Bengal Pailan Park, Kolkata 700 101

Applicant's recent stamp size photograph

Application No. \_\_\_\_\_ Session \_\_\_\_\_

STUDENT'S NAME IN FULL \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade/Class \_\_\_\_\_

Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Passport No. \_\_\_\_\_ Indian Passport  Foreign Passport

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Local Address (if any) \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

### GUARDIAN'S DETAILS :

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail ID \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Organisation \_\_\_\_\_

\_\_\_\_\_ Designation \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_ Phone No \_\_\_\_\_

Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### APPLICANT'S DISPOSITION :

#### PLEASE ✓ THE RELEVANT BOXES

Adjusts to new situations with ease  Has a small group of friends

Likes to be active in school  Has many friends

#### PLEASE ✓ THE DESCRIPTION THAT BEST DESCRIBES THE APPLICANT

Very active  Very Quiet  Average  Shy

Aggressive  Stubborn  Above average  Sociable

Other  Specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardian's recent stamp size photograph

Has your child ever experienced social, emotional or behavioural difficulties : Yes/No

If yes, please mention details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any other information that you feel would be useful for those educating your child :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Signature of Guardian

.....  
Signature of (any one) Parent



# APPLICATION FORM

## PAILAN WORLD SCHOOL

Plot # B187-206, Phase III, Bengal Pailan Park, Kolkata 700 101

applicant's  
recent  
stamp size  
photograph

Form No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Grade in which admission is sought \_\_\_\_\_ Session \_\_\_\_\_

### STUDENT'S INFORMATION

Name of the student in full \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Nationality \_\_\_\_\_ Mother Tongue \_\_\_\_\_ Passport No. \_\_\_\_\_

Second Language \_\_\_\_\_ Third Language \_\_\_\_\_

**ENROLMENT PREFERRED : ( PLEASE ✓ ) Day Boarding**

**Residential**

**SCHOOL BUS REQUIRED : ( PLEASE ✓ ) Yes**

**No**

### EDUCATIONAL BACKGROUND

Previous/Present School	City/Country	Medium of Instruction	Period Years/Months	Grade Completed

\*Copy of the mark-sheet of the last examination to be enclosed

Reason for withdrawal from present/previous school : \_\_\_\_\_

Reason for seeking admission : \_\_\_\_\_

Has your child received any special recognition : Does your child have any special ability : \_\_\_\_\_

### DETAILS OF SPORTS/EXTRA-CURRICULAR ACTIVITIES

Please list your child's favourite hobbies & interests

Has your child received any formal training in instrumental music If yes, give

details \_\_\_\_\_

Has your child received any formal training in vocal music If yes, give details \_\_\_\_\_

Has your child received any formal training in dance If yes, give details \_\_\_\_\_

Has your child received any formal training in sports If yes, give details \_\_\_\_\_

Any other special activity your child is interested.

### PLEASE (✓) FIVE ACTIVITIES THAT YOUR CHILD WOULD BE MOST INTERESTED IN :

- Cricket  Football  Lawn Tennis  Table Tennis  Basketball  Swimming  Martial Arts  Chess  
 Badminton  Western Dance  Eastern Dance  Guitar  Violin  Synthesizer  Vocal Music  Painting  Yoga

As a day-boarder, would your child like to participate in the evening activities earmarked for the

Residential Students **PLEASE ✓** Yes  No

\*If yes, then you are requested to submit a separate *application* for the same. No transport will be provided

Food Habit **PLEASE ✓** Vegetarian  Non-Vegetarian

**FAMILY HISTORY**

Father's full Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Occupation : \_\_\_\_\_ Qualification \_\_\_\_\_

Designation \_\_\_\_\_ Organisation \_\_\_\_\_

Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

Mother's full Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Mother's full Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Occupation : \_\_\_\_\_ Qualification \_\_\_\_\_

Designation \_\_\_\_\_ Organisation \_\_\_\_\_

Office Address \_\_\_\_\_

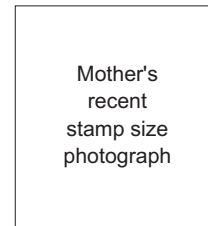
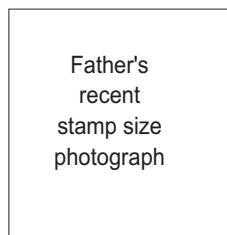
Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Id \_\_\_\_\_

**SIBLING'S DETAILS :**

Sl. No.	First Name	M/F	Age	Grade	School Attending
1					
2					
3					



Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application received on \_\_\_\_\_ Receipt No. \_\_\_\_\_

Draft/Cheque No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

- Enclosed : Birth Certificate      Medical History      3 passport size photographs of applicant  
3 Performance report      Photographs of parents      Passport (if any)  
Transfer Certificate