

UNDERTAKING

I/We solemnly declare that the information provided in this form is correct to the best of my/our knowledge and belief, nothing has been concealed. I/We further undertake that the results of Entrance Test and Interview, conducted by SST Public School / any testing agency will be accepted by me/us without any reservation. I/We or anyone else related to us (directly or indirectly) in any manner, will not question the results and decision of the Principal SSTPSR in any Court of Law.

<u>Name & Signature of Father</u>	<u>Name & Signature of Mother</u>	<u>Name of one individual to be contacted in absence of parents</u>
Signature: _____	Signature: _____	Signature: _____ Relation: _____
Name: _____	Name: _____	Name: _____
_____	_____	_____
Mobile: _____	Mobile: _____	Mobile: _____
_____	_____	_____

CERTIFICATE FROM THE PRINCIPAL/HEADMASTER OF THE SCHOOL (PRESENTLY STUDYING)

It is Certified that, Candidate (Name in block letter)

S/O joined this institute on and is / has been studying in class

till This school is affiliated with and medium of instruction in the school is

his date of Birth according to the school record is (in figure)

D	D	M	M	Y	y	y	Y
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(in words) While at the school his character remained

Signature of the Principal/Head Master

Date: School Name:

Office Seal

School Contact No.

Name any close relative who is / has been a student of SSTPSR

School Number	Name	House	Relation with Candidate

FOR OFFICE USE ONLY

<table style="margin: auto;"> <tr> <td style="text-align: right;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Target Date</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2024</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">04</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">DOB</td> <td style="border: 1px solid black; width: 40px;"> </td> <td style="border: 1px solid black; width: 40px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Age</td> <td style="border: 1px solid black; width: 40px;"> </td> <td style="border: 1px solid black; width: 40px;"> </td> </tr> </table> <p style="text-align: center;">Underage / Overage</p> <table style="margin: auto; border: 1px solid black; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> <td style="width: 20px;">Y</td> </tr> </table>	Year	Month	Date	Target Date	2024	04	DOB			Age			D	D	M	M	Y	y	y	Y	<p>Attachment / Requirement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Form complete in all respect <input type="checkbox"/> 4 Attested Photographs <input type="checkbox"/> Bank DD of Rs. 2000/- <input type="checkbox"/> Previous school attestation <input type="checkbox"/> Form-B /Smart Card <input type="checkbox"/> Vaccination Certificate <input type="checkbox"/> Copy of Father's C.N.I.C <input type="checkbox"/> Fee Form <input type="checkbox"/> Medical Form <input type="checkbox"/> Family Information Form 	<p style="text-align: center;">Received & Checked by</p> <hr/> <p style="text-align: center;">Roll No.</p> <hr/>
Year	Month	Date																				
Target Date	2024	04																				
DOB																						
Age																						
D	D	M	M	Y	y	y	Y															



Medical Information Form
(To be filled in by Parent / Guardian)
USE BLOCK LETTERS

Name of Applicant
Date of Birth: (D-M-Y) Blood Group Name & Phone number of family physician
Emergency telephone#

VACCINATION RECORD

Table with 4 columns: Disease Name, Yes/No, Date, and Date. Rows include Diphtheria, Polio, T.B., Pertussis, Hepatitis B and C, Meningitis, Measles, Mumps, Rublia, and Other (name).

MEDICAL HISTORY

Any allergy (food, medicine etc.)
Any chronic illness/disability (Asthma, Diabetes, Mental Illness, Epilepsy etc.)
Any dietary problem/ requirement
Any sleep disorder
Any behavioural problems e.g. Bed wetting, Thumb Sucking, Nail Biting, Breath Holding, Stammering or any other
Any learning difficulty

FAMILY HISTORY

Table with 2 columns: Age (Year) and Condition of Health. Rows include Father, Mother, and Siblings.

Diabetes
Kidney Disease
Anaemia

Heart Problem
Tuberculosis
Epilepsy

High Blood Pressure
Cancer
Migraine

Stroke
Arthritis
Mental Illness

Any other information

Signature of Parent / Guardian



FEES & CONDITIONS (Subject to revision without notice)

Fee for the academic year would be collected in two equal instalments. In case of non-payment by the due date, a fine @Rs 100 per day will be charged. After a grace period of 30 days is over, the student's name would be struck off. In case the student wishes to continue his studies at SSTPSR, a re-admission fee @ Rs 60,000 would be paid along with the outstanding dues.

ADMISSION FEE

Table "A"

For New Entry Session 2024-25				
Term	Period	Due-Date	For IGCSE, SSC	
Quarterly	April—June	1 st March	Rs. 105, 000/-	
Afterward fee will be charged bi-annually				
Term	Period	Due-Date	For IGCSE, SSC	For HSSC
1 st Term	July—December	10 th June	Rs. 210, 000/-	Rs. 217, 875/-
2 nd Term	January—June	10 th December	Rs. 210, 000/-	Rs. 217, 875/-
Total Annual Fee			Rs.420, 000/-	Rs.435, 750/-

Table "B" (one time charges)

Registration Fee (Non-Refundable)	2,000/-
Admission Fee (Non-Refundable)	60,000/-
Building Fund (Non-Refundable)	30,000/-
Endowment Fund (Non-Refundable)	20,000/-
Security (Refundable)	25,000/-
Total	137, 000/-

Note:

- **WITHHOLDING TAX: 5% OF FEE SHALL BE PAYABLE ALONG WITH THE FEE OF TERM.**
- **FEES ONCE PAID IS NOT REFUNDABLE AND THE MANNER OF THEIR SPENDING IS NOT ACCOUNTED TO/FOR THE PARENTS.**

Signature of Parent / Guardian
Indicating acceptance of conditions



Other Expenses

- Clothing, footwear, books & stationery, pocket money travelling, telephone & postage, photographs, movie, various other club memberships, Cambridge registration/external examination fee etc. will be charged in addition to the above, individually on actual consumption basis.
- These charges may also increase during the session, as and when required.
- The fee may increase by up to 10% every year.
- If a boy is expelled from the school on disciplinary grounds or on any other ground, full fee for that year will be charged.
- If parents ask for the withdrawal of the boy during the year, full fee for the year will be charged.
- If parents are living abroad, they are to nominate a guardian in the country to act on their behalf.
- Necessary yet basic health facilities will be provided to all students, within the school complex, free of cost. However, any kind of hospitalization will be charged to the parents. Parents are advised to hold medical / hospitalization insurance cover on behalf of their child in the school.
- If a boy requires treatment, every effort will be made to obtain the prior consent of a parent / guardian. Should this be not possible in the time available, the Principal or House Master, acting in loco parentis (acting in the place of a parent / guardian) is authorized to give valid consent to such treatment (including anaesthetic or operative) as may be recommended by the school doctor or his locum (temporary substitute).
- Damage to or loss of school property would incur a charge.

Travel to / from the School:

- ◆ On initial joining, this will be the responsibility of the parents.
- ◆ After joining, the school will facilitate traveling arrangement for those students, whose parents so desire; this facility will be charged to the parents.

Method of Payment:

By Bank Draft or Pay Order payable to **Sargodhian Spirit Trust Public School, Rashidabad**. Drawn against the local branch of any Bank in Tando Allahyar.

Signature of Parent / Guardian
Indicating acceptance of conditions