

STUDENT HEALTH RECORD

Is your child taking any medication?	YES		NO	
Does your child have any allergies?	YES		NO	
Emergency Contact Person	NAME		Contact no	

SIBLING DETAILS

S.no	NAME OF SIBLING	NAME OF SCHOOL	BROTHER/SISTER	CLASS
1				
2				
3				

DECLARATION

By my signature below, I hereby acknowledge and confirm that I have carefully read and understood the below stated fee policy Academy along with the corresponding fee notification and all the terms and conditions stated therein are acceptable to me as fair and reasonable. I further concur that my child's admission at Indian Pride Academy remains subject to and conditional on fulfillment of such terms and conditions.

Disclaimer: Indian Pride Academy follows a specific process and policy that is necessary for effective budgeting and functioning of the School and the delivery of its educational objectives. The School reserves the right to amend its policies and fee structure as necessary and appropriate, with due notice.

(Signature of the parent)

Date : _ _ _____