

# HOSTEL RULES

1. Parents are requested to mention the name and address of a close relative/responsible person who could be contacted in case of an emergency in a prescribed format. No outing is permitted with local guardians.
2. No cash, tuck or valuables are allowed in School. This is a rule which must be strictly adhered to. Valuables will not be the responsibility of the School. Any balance of Journey money should be handed over immediately (at the beginning of the term) to the Office to be returned at the end of term.
3. No cell phones are permitted in School and if caught he/she is liable to be suspended.
4. It is not permitted to make a call from any parent's mobile. Electronic items with visual display are not permitted e.g. iPod, mp3, mp4 and handy cams. Expensive digital cameras and Internet enabled devices are not permitted.
5. In case of any emergency phone call will be made from the School Office.
6. **UNIFORM (School uniform should be ordered from school stores only)**

- Uniform must be adhered to strictly. All tic-tac pins, hair bands, ponytail bands must be **BLACK**.

- They should wear formal uniform (i.e. shirt, skirt/trouser, tie, etc.) on Monday, Wednesday and Friday and Sports Uniform (i.e. Track suit and House T-shirt) on Tuesday, Thursday and Saturday till the remedial class.

-For rest of the day they should be wearing hostel uniform (Sports track suit and sweatshirts (for winter))

- On Sunday and holidays, home cloths may be worn provided they are not going out of campus. Students should be in proper school uniform while entering and exiting the school campus.

## 7. OUTINGS:

- **TIMINGS FOR OUTING – 10:00 A.M. to 7:00 P.M.**

- Students may go out with parents, grandparents or close relatives authorized by the parents. These names would have to be put down in the Visitors' List at the beginning of the term.

- Parents, Grand Parents and close relatives authorized by parents in writing who wish to take their wards out, are required to inform the Warden by letter or e-mail ([shikshathegurukul.admin@gmail.com](mailto:shikshathegurukul.admin@gmail.com)) at least 24 hours in advance.

- Parents must always come in person to collect their wards from the school and bring them back to School and hand over their wards to the Warden at the end of their outing. They are not allowed to leave the campus or report to school without an escort. Any Student doing so will be deemed to have broken School rules and is liable to be suspended.

## 8. VERY IMPORTANT NOTE:

- **Students going out or reporting back to School must be in correct School uniform.**

- The Principal reserves the right to withhold permission for an outing with any person, even though authorized by parents, if she feels necessary to do so in the interest of the school and/or student.

## 9. LEAVES:

Leave during the term is sanctioned for not more than 2 – 3 days only for the following reasons:

- 1) Marriage of real brothers and sisters. It is essential to attach the invitation card with the application forwarded to the Principal for leave prior to the date.
- 2) Orthodontic treatment/routine medical checkup not more than once in a term. An appointment card from the orthodontist/doctor must be attached with the application.
- 3) A medical checkup referred by the school doctor.

## 10. TELEPHONES:

(a) Students are provided with 10 minutes of talk-time per week through the Office telephone under the supervision of the warden only.

(b) They are not allowed to communication through parents and/or teachers phone and is a punishable act, strict action will be taken against the teacher and student upon being caught and the phone will be confiscated.

## 11. PUNISHMENTS:

The School takes a serious note of bullying which is punishable by suspension. The School has a zero tolerance policy towards alcohol/drugs/cigarette smoking. Any student found guilty of possession and/or consumption of these items will be expelled from the School. Punishments are given after an investigation by the disciplinary committee.

## 12. RULES & REGULATIONS

Students are expected to abide by all school rules and regulations and conduct themselves in a befitting manner.

Parents Signature

Warden Signature

Principal Signature

*\*\*The Principal and School Management reserve the right to alter/omit any rule and regulations.*

## Hostel Requirements list

### SCHOOL UNIFORM\*

1. Half Shirt	2 nos.	7. House T-shirt	2 nos.
2. Full Shirt	2 nos.	8. Tie	2 nos.
3. Trousers	2 nos.	9. Half Sweater	1 nos.
4. Belt	1 nos.	10. Full Sweater	1 nos.
5. School Shoes	1 pair	11. Socks	6 pair
6. Track Suit	2 pair	12. Skirt (Girls)	2 nos.

### HOSTEL UNIFORM\*

1. Hostel T-shirt	4 nos.	3. Hostel Track (summer)	2 nos.
2. Hostel Shorts	3 nos.	4. Hostel Sweat-shirt	2 nos.

### LUGGAGE

1. Steel Trunk (30X16X10)	1 nos.	5. Quilt	1 nos.
2. Attache (Small)	1 nos.	6. Bed cover + pillow cover	2 set
3. School Bag	1 nos.	7. Blanket	1 nos.
4. Laundry bag	1 nos.		

### CASUAL DRESS

1. Cotton Night Suit	2 nos.	6. T. shirt	2 nos.
2. Underwear (Cotton)	6 nos.	7. Handkerchief	6 nos.
3. Jeans/Trouser	2 nos.	8. Full sleeves warmer	2 set
4. Swimming Cap	1 nos.	9. Swimming Costume	2 pair
5. Swimming Glasses	1 nos.		

### SHOES & SLIPPERS

1. Sports shoes	1 pair
2. Football Boots	1 pair
3. Skating Shoes	1 pair

### TOILETRIES

1. Bathing soap/ liquid	2 nos.	6. Tooth Brush	2 nos.
2. Tooth paste	1 nos.	7. Soap case	2 nos.
3. Comb	2 nos.	8. Hand wash	1 btl.
4. Body talc powder	1 btl.	9. Shampoo	1 btl.
5. Toiletry basket	1 nos.	10. Detergent (liquid/powder)	1 btl/pkt.

### OTHER NECESSITIES

1. Hangers	12 nos.
3. Steel Flask (Water bottle)	1 nos.

Note: Name tag should be stiched indicating name and hostel code.

\*School and hostel uniform is to be purchased from school store.

Unmarked item can be purchased from the market and all unauthorized items will be confiscated without assigning any reason

**PARENTS ARE REQUESTED NOT TO PROVIDE MONEY OR MOBILE**

**ASHRAM**  
**SHIKSHA-THE GURUKUL**

AUTHORIZED VISITORS FORM

HOSTEL ADMISSION REGISTER.....

I Authorize the following individuals to visit my ward at Shiksha- The Gurukul. They also permitted to take him/her out of school for outing and vacations. If parents wish to add names to this list they must take permission from the Principal. After filling of this form it must be returned to the office.

**PARENTS INFORMATION:**

Name:

Address

**AUTHORIZED VISITORS**

**NUMBER ONE:**

NAME AND ADDRESS

Signature

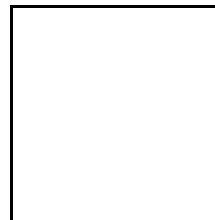


Photograph

**NUMBER TWO:**

NAME AND ADDRESS

Signature



Photograph

I hereby declare that all information provided above are correct to best of my knowledge.

PARENT SIGNATURE

DATE:

# **SHIKSHA - THE GURUKUL**

**N. H. 37, CHOTAHAPJAN  
P. O. BORHAPJAN - 786150  
DIST. TINSUKIA ( ASSAM )**

## **ANNUAL MEDICAL CHECK UP REPORT**

**Academic Year 20..... to 20.....**

1. Full details regarding treatment and investigations must be sent to the Administrator in the case of a child with a history of (a) Bronchial Asthma (b) Seizures (c) Rheumatic Arthritis / Fever (d) any other chronic illness.
2. If the child wears spectacles it is imperative that he / she has 2 pairs - 1 to use and 1 to be deposited with his / her warden if he / she is in school Hostel.
3. He / she must be duly immunized specifying dates in accordance with the requirements in this proforma. Phrases like "already done" etc. will render this proforma incomplete.
4. The School cannot accept any children who are suffering from any infectious disease ( e. g. ringworm, scabies, tinea, versicolor etc. ) If an infectious skin disease is contracted during the holidays, please obtain treatment and a doctor's report. Contact the school and send the doctor's report and arrangements will be made for the student to remain at home until completely cured.
5. If the child received any treatment while at home, reports of the same should be submitted to the Administrator in case of Boarders / Principal in case of Day Scholars.
6. Consultation with the specialists listed overleaf are obligatory and should be completed within the last two weeks before the child's joining of the School.
7. This proforma must be handed over to the Administrator at the time of admission of the child. If it is not produced or is in any way incomplete, the child will be refused admission.
8. A duplicate copy of this proforma should be kept carefully for future reference.
9. It is important in both the child's and the school's interest that a true and detailed picture is given of the child's health.

**SECTION A**  
**MEDICAL AND FAMILY HISTORY**

1. Name of the Student : \_\_\_\_\_
2. Parent's Name : \_\_\_\_\_
3. Residential Address : \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail Address \_\_\_\_\_
4. Standard : \_\_\_\_\_
5. Roll No. : \_\_\_\_\_
6. Admission No. : \_\_\_\_\_
7. Date of Birth as per : \_\_\_\_\_  
School record
8. Is there any family history of the following ?
  - (a) Diabetes \_\_\_\_\_
  - (b) Glandular Disease ( e. g. Thyroid dysfunction ) \_\_\_\_\_
  - (c) Hypertension / hypotension ( high or low blood pressure ) \_\_\_\_\_
  - (d) Allergic Disorders e. g. Urticaria Bronchial Asthma, Eczema \_\_\_\_\_
  - (e) Renal or Biliary Calculus ( stones ) \_\_\_\_\_
  - (f) Tuberculosis \_\_\_\_\_
  - (g) Ulcerative Colitis \_\_\_\_\_
  - (h) Peptic Ulcer \_\_\_\_\_
  - (i) Mental Illness \_\_\_\_\_
9. Which of the following childhood infections has your your child / ward already had ?
  - (a) Mumps \_\_\_\_\_ (b) German Measles ( Rubella ) \_\_\_\_\_
  - (c) Measles \_\_\_\_\_ (d) Chickenpox \_\_\_\_\_
10. (a) Has he / she been duly immunized against Diphtheria, Polio, Tetanus and Measles.  
\_\_\_\_\_  
(b) Has he / she had the MMR Vaccine ? ( Yes / No ) \_\_\_\_\_
11. General Health \_\_\_\_\_
12. Does he / she wet his / her bed ? \_\_\_\_\_  
( Habitual / occasional / never )  
Is your child receiving medication for this ? ( Yes / No ) \_\_\_\_\_  
( Habitual bed wetting could lead to the School reviewing his / her admission )
13. Has he / she had a history of any of the following ?
  - (a) Frequent Tonsillitides \_\_\_\_\_
  - (b) Shooting Pains / Swelling of the Large Joints with / without \_\_\_\_\_  
fever. If Yes give details and diagnosis
  - (c) Frequent headaches \_\_\_\_\_
  - (d) Earache with / without discharge / perforated ear drum \_\_\_\_\_
  - (e) Bronchitis / Pneumonia / Bronchial Asthma Primary  
Complex ( T. B. ) \_\_\_\_\_
  - (f) Rheumatic Fever / Arthritis \_\_\_\_\_
  - (g) Epilepsy / Seizures ( Convulsions ) - Specify Diagnosis \_\_\_\_\_
  - (h) Tape-Worm Infestation \_\_\_\_\_
  - (i) Infective Hepatitis ( Jaundice ) \_\_\_\_\_
  - (j) Malaria \_\_\_\_\_
  - (k) Somnambulism ( Sleep Walking ) \_\_\_\_\_
  - (l) Surgery of any kind \_\_\_\_\_
  - (m) Head or Spinal Injury \_\_\_\_\_
  - (n) Allergy ( specify known allergens and type of allergy ) \_\_\_\_\_



**SECTION B**

**( To be filled in by the Respective Specialists )**

**1. Medical Specialist :**

(a) Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B. P. \_\_\_\_\_ R. R. \_\_\_\_\_

(b) Systemic Examination :

(i) General Appearance \_\_\_\_\_

(ii) Lymph Nodes \_\_\_\_\_

(a) Ant. Cerv \_\_\_\_\_ (b) Post Cerv \_\_\_\_\_ (c) Axil \_\_\_\_\_ (d) Ing \_\_\_\_\_

(iii) C. V. S. \_\_\_\_\_ (iv) Respiratory Syst. \_\_\_\_\_

(v) Abdomen \_\_\_\_\_ (vi) C. N. S. \_\_\_\_\_

(c) Menstrual History (Girls) : \_\_\_\_\_

Remarks : This is to certify that \_\_\_\_\_ is mentally and  
Physically fit to join a Residential / Long Day School.

Date : \_\_\_\_\_

.....  
( Signature & official Stamp )

**2. Pathologist :**

Investigations :

(a) Blood :

(i) Hb \_\_\_\_\_ (ii) TLC \_\_\_\_\_ (iii) DLC \_\_\_\_\_

(iv) ESR \_\_\_\_\_ (v) Blood Sugar \_\_\_\_\_ (vi) Se Bil \_\_\_\_\_

(b) Urine ( R/E ) \_\_\_\_\_

(c) Stool for Ova & Cysts \_\_\_\_\_

(d) Blood Group \_\_\_\_\_

Date : \_\_\_\_\_

.....  
( Signature & official Stamp )

**3. Ophthalmologist ( Eye Specialist ) :**

(a) Acuity of vision : (i) With Spectacles RE \_\_\_\_\_ LE \_\_\_\_\_

(ii) Without Spectacles RE \_\_\_\_\_ LE \_\_\_\_\_

(b) Conjunctiva \_\_\_\_\_ (c) Cornea \_\_\_\_\_

(d) Fundoscopy \_\_\_\_\_

Date : \_\_\_\_\_

.....  
( Signature & official Stamp )

### SECTION C

#### Consent :

- (a) I hereby accord my consent for my son / daughter / ward ( in case of death or otherwise living separately ) to take part in all sports & games ( indoor & outdoor ), swimming and he / she is medically fit for the purpose indicated above.
- (b) I consent to any form of surgery for my child that may be deemed necessary by the school authorities after consultation with the concerned specialist, in case of (i) an emergency (ii) routine minor surgery. I also authorize the school authorities to sign on my behalf. This remains valid throughout the stay of my child in the school and the entire expenses will be borne by me.

Signature of Parent of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of the Signatory and Complete Address \_\_\_\_\_

Name and Address of 2 alternative persons if signatory not easily available ( preferably in Doombdoo or Tinsukia )

1. \_\_\_\_\_

Tele. No. Off. \_\_\_\_\_ Tele. No. Res. \_\_\_\_\_

2. \_\_\_\_\_

Tele. No. Off. \_\_\_\_\_ Tele. No. Res. \_\_\_\_\_

\_\_\_\_\_  
**For Principal's Office**

**Class Facilitator**

**House Co-ordinator**

**Principal**

\_\_\_\_\_  
**For Administrative Office**

**Senior Accountant**

**Sr. Warden / Micro Observer (Ashram)**

**Administrator**