



Imagine School
At/Po. Hatigarh
Dist. Balasore, Odisha, 756033
Email: imaginepublicschool@gmail.com
Phone: 7606018419/9438691007/

Admission Procedures 2019-2020

Welcome to Imagine School. Thank you for considering Imagine School for your child/children. Our mission is to provide “a quality of life through an integrated education system to the children from various backgrounds and empower them to become best contributing citizens in the Indian society.” Imagine School is a place where all aspects of life – intellectual, emotional, physical and moral are nurtured and developed. We look forward to seeing you here!

The Priority Categories listed below indicate the order in which applications are considered. Final acceptance to Imagine School is determined on an individual basis.

Priority Categories:

Category 1

- Students presently enrolled.
- As per the Right To Education Act 2009, 25% students from Weaker Sections and Backward Classes.

Category 2

- Children of Imagine School and STEP staff.
- New students who are siblings of students presently enrolled.

Tuition Fees Policies

1. Tuition fees payment must be made one of the following options.
 - **Annual Payment:** Payment for the entire year (12 months) can be made by cash/NEFT/cheque in the name of Imagine School in beginning of new academic year (March) during the time of admissions/readmissions.
 - **Quarterly Payment:** Tuition fees must be paid in quarterly (March, June, September, December)
2. Late payments are subject to Rs. 100 fine/administration charge.
3. Failure to make payments ON TIME may result in the student being asked to leave Imagine School or not allowed to appear exams.
4. Students who withdraw from Imagine School must give 30 days notice and pay one month’s tuition in lieu of notice.
5. School administration reserves the right to require prepayment of tuition in cases where there is a history of late tuition payments.
6. Unless arrangements have been made with school administration, students will not be permitted to commence classes if any tuition or fee payments are in arrears from the previous year.

New students Registration will be considered complete when accompanied by the following:

- A completed and signed admission form.
- A copy of immunization and Aadhar card of the student (please refer to the complete checklist of the documents to be submitted during admissions/readmissions)
- The Student’s **Original** birth certificate (Which we will photocopy). Please note: To be registered in Nursery, children must turn 3 years of age in that year (between January 1 and December 31).
- A Copy of the Student’s most recent report card (for students transferring from other schools).



Admission Form (NEW)

Grade to be enrolled: _____

School attended last year: _____

Student#: _____

Student's Name: _____

Male Female Surname _____ First Name _____ Middle Name _____
 Birth Date: _____ Day _____ Month _____ Year _____ Place of Birth: _____
 Country _____ Province (if Odisha) _____

Mailing Address: _____
 Street _____

City _____ Province _____ Postal Code _____ Home Phone _____

Parent E-mail: _____ Language spoken at home: _____

Mother: _____ Surname _____ First Name _____
 Father: _____ Surname _____ First Name _____

Mother's Cell Phone: (_____) _____ Father's Cell Phone: (_____) _____

Mother's Place of Employment: _____ Work Phone: (_____) _____

Father's Place of Employment: _____ Work Phone: (_____) _____

Legal Guardian: _____ Work Phone: (_____) _____
 (If applicable)

Student resides with: Father & Mother Father* Mother* Joint* Legal Guardian*

In case of emergency, if parent cannot be reached, call:

Name: _____ Relationship: _____ Phone: (_____) _____

Name: _____ Relationship: _____ Phone: (_____) _____

Please list any physical restrictions, allergies, or health concerns of the student that the school should be aware of: _____

Mild Moderate Life Threatening What medication does the student carry/require? _____

Yes No A Family Phone Directory will be prepared by the school and distributed to all Elementary school families. May we publish your name, phone number and address in the Family Phone Directory?

Please list all other school aged children in your family and indicate where they attend school:

Siblings Name	Grade (2017-18)	Birth date dd/mm/yr	Currently Enrolled at Imagine	New Registrant at Imagine	Attends Other School (if so, where)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

 Signature of Parent/Guardian

 Principal/Vice Principal