



# The Cathedral Vidya School, Lonavala

(The residential branch of The Cathedral and John Connon School, Mumbai)

Off Mumbai-Pune Expressway (NH 4), Village: Shilatne, Taluka: Maval, Post Office: Karla, District: Pune, Pin: 410405, Maharashtra, India

Email: principal@cathedral-lonavala.org Website: www.cathedral-lonavala.org

## GENERAL INFORMATION FORM

Class \_\_\_\_\_

1. Name of pupil in full : \_\_\_\_\_
2. Gender : \_\_\_\_\_ Religion : \_\_\_\_\_ Nationality: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ House : \_\_\_\_\_
4. (a) **Father's Full Name** : \_\_\_\_\_  
(b) Occupation: \_\_\_\_\_  
(c) Organization: \_\_\_\_\_  
(d) Designation : \_\_\_\_\_  
(e) Office Address : \_\_\_\_\_  
(g) Telephones : (Residence) : \_\_\_\_\_ (Office) : \_\_\_\_\_  
(Mobile) : \_\_\_\_\_  
(h) Fax : \_\_\_\_\_  
(l) Email : \_\_\_\_\_
5. (a) **Mother's Full Name** : \_\_\_\_\_  
(b) Occupation: \_\_\_\_\_  
(c) Organization: \_\_\_\_\_  
(d) Designation : \_\_\_\_\_  
(e) Office Address : \_\_\_\_\_  
(g) Telephones : (Residence) : \_\_\_\_\_ (Office) : \_\_\_\_\_  
(Mobile) : \_\_\_\_\_  
(h) Fax : \_\_\_\_\_  
(l) Email : \_\_\_\_\_

6. (a) **Guardian's Full Name** : \_\_\_\_\_  
(b) Residential Address : \_\_\_\_\_  
(c) Occupation : \_\_\_\_\_  
(d) Organization : \_\_\_\_\_  
(e) Designation : \_\_\_\_\_  
(f) Office Address : \_\_\_\_\_  
(g) Telephones : (Residence) : \_\_\_\_\_ (Office) : \_\_\_\_\_  
(Mobile) : \_\_\_\_\_  
(h) Fax : \_\_\_\_\_  
(i) Email : \_\_\_\_\_

7. Is the Father an alumnus of the School : YES / NO 19 \_\_\_\_\_ to 19 \_\_\_\_\_

8. Is the Mother an alumna of the School : YES / NO Maiden Name \_\_\_\_\_  
19 \_\_\_\_\_ to 19 \_\_\_\_\_

9. i) Signature of Father : \_\_\_\_\_  
ii) Signature of Mother : \_\_\_\_\_  
iii) Signature of Guardian : \_\_\_\_\_  
(other than a parent)

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

- NOTE :** a) The Signatures of Parent/Guardian in 12 above will be treated as specimen signatures for school purposes.  
b) Any change in the address or telephone numbers should be intimated to the School immediately.



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## NEW STUDENT'S HEALTH FORM

Name of Student : \_\_\_\_\_ Birth Date : \_\_\_\_\_ Gender:  M  F

Blood Group of the Student : \_\_\_\_\_

### Emergency Contact

Father's Name : \_\_\_\_\_ Mobile No. \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Mobile No. \_\_\_\_\_

Local Guardian's Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

(Friend / relative who will assume temporary responsibility for your child in case you cannot be reached.)

Preferred Doctor (if any) \_\_\_\_\_ Phone : \_\_\_\_\_

Sibling(s) at The Cathedral Vidya School, Lonavala (Name and Class) \_\_\_\_\_

:

### MEDICATION

I give my consent to the School Nurse to administer over - the - counter medication for common ailments. I am conscious of the fact that medication may rarely produce unwanted side effects.

[ ] Yes [ ] No

### EMERGENCY PERMISSION

I give my consent for emergency measures to be taken in case of an emergency situation arising due to an accident /injury / medical or surgical emergency with the understanding that I (the father / the mother / the guardian of the student) shall be notified / informed of the same as soon as possible. The School will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine / treatment in both emergency and non-emergency situations, though necessary precautions are taken.

Signature of Parent : \_\_\_\_\_

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

# STUDENT'S HEALTH HISTORY

(To be filled in by a Physician)

Alternatively, the parent can attach photocopies of the immunization record with dates duly signed by a physician.

## Immunization History

All the children must have completed their childhood minimum vaccination requirements for their **National Immunization Schedule** at the time of seeking admission to **THE CATHEDRAL VIDYA SCHOOL, LONAVALA**. Kindly indicate the date of immunization of the child against each.

	RECOMMENDED AGE ON IMMUNIZATION	DATE
BCG & OPV-0 dose (For institutional deliveries)	at birth	_____
BCG (if not given at birth)	at 6 weeks - 3 months	_____
DPT-1 & OPV - 1	at 6 weeks	_____
DPT- 2 & OPV-2	at 10 weeks	_____
DPT-3 & OPV-3	at 14 weeks	_____
Measles	at 9 months	_____
DPT & OPV	at 16 - 24 months	_____
DT	at 5 - 6 years	_____
TT (Boosters)	at 10 & 16 years	_____

## Other Recommended Vaccinations

Hepatitis B Vaccine	3 doses at birth, 6 weeks and 6 to 9 months and a booster at 10 years	_____
MMR	at 15 - 18 months	_____
Typhoid Vaccine	A dose of Vi polysaccharide vaccine every three years starting at or after 2 years	_____
Haemophylus Influenzae (HIB) Vaccine	2 doses - 2 months apart starting at 2 months; and a booster at 15 - 18 months.	_____
Varicella Virus Vaccine (Chicken Pox)	1 dose at 1-12 years; thereafter at 13 years or later, 2 doses 6-10 weeks apart	_____
Hepatitis A Vaccine	1 dose (720 units) from 1-18 years; from 19 years onwards a dose of 1440 units followed by a booster dose at 6 - 12 months	_____
Meningococcal Vaccine	1 dose given every 3 years	_____

## Optional Vaccinations

Rabies pneumococcal                      Consult your physician

Signature of Physician : \_\_\_\_\_

Signature of Physician : \_\_\_\_\_ Registration No. \_\_\_\_\_

Address : \_\_\_\_\_

# STUDENT'S HEALTH HISTORY

(To be filled in by a Physician)

Did your child have any of the following ailments in the past ? (Please circle)

- |                           |                            |
|---------------------------|----------------------------|
| Measles                   | Diabetes                   |
| Chickenpox                | Typhoid                    |
| Jaundice                  | Goiter (Thyroid disease)   |
| Mumps                     |                            |
| Tonsilitis                | Eczema                     |
| Poliomyelitis             | Rheumatic Fever            |
| Pleurisy                  | Discharging Ears           |
| Tuberculosis              | Heart Murmurs              |
| Diphtheria                | Kidney Stones              |
| Whooping Cough            | Epilepsy / Seizures        |
| Malaria                   | Asthma                     |
| Meningitis                | Bladder / Kidney Infection |
| High / Low Blood Pressure |                            |

**Other Specific Systemic Illnesses** (if any) :

(Please Explain)

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Q. 1. Has there been any tuberculosis in the family ? \_\_\_\_\_

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Q. 2. Has the child undergone any operation ? \_\_\_\_\_

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Q. 3. Mention any other facts that will be of assistance to the Medical Officer (such as allergy to penicillin, any antibiotic; deficiency; allergy to any food; endocrine disorder etc.)

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**Note :** Please furnish details of the illness giving frequency, severity of the disease etc., and a photocopy of the health records and treatment being administered. This should help the school medical officer to understand your child's illness better and should help in better management of him/her as and when the situation demands.

Signature of Parent : \_\_\_\_\_

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



**Registration Number :**  
(To be filled in by the office)

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## REGISTRATION FORM

Class applied for :

Academic Year :

(Please affix stamp size colour photographs)

Child

Father

Mother

1. Name of the Student (in block letters) :

\_\_\_\_\_

(First Name) (Middle Name) (Surname)

2. (a) Date of Birth (Date of birth should be the same as that on the Birth Certificate):

In Figures: \_\_\_\_\_

In Words: \_\_\_\_\_

(b) Place of Birth : \_\_\_\_\_ State : \_\_\_\_\_

(c) Gender : Male / Female

3. (a) Nationality :

Student : \_\_\_\_\_

Father : \_\_\_\_\_

Mother : \_\_\_\_\_

(b) Religion : \_\_\_\_\_

(c) Caste and Sub-Caste (in case the student belongs to backward classes / tribes. Please give supporting documentary evidence) : \_\_\_\_\_

4. (a) **Father's Full Name :** \_\_\_\_\_  
(b) Residential Address : \_\_\_\_\_  
(c) Occupation : \_\_\_\_\_  
(d) Organization : \_\_\_\_\_  
(e) Designation : \_\_\_\_\_  
(f) Office Address : \_\_\_\_\_  
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(Office) : \_\_\_\_\_  
(Mobile) : \_\_\_\_\_  
(h) Fax : \_\_\_\_\_  
(l) Email : \_\_\_\_\_
5. (a) **Mother's Full Name :** \_\_\_\_\_  
(b) Residential Address : \_\_\_\_\_  
(c) Occupation : \_\_\_\_\_  
(d) Organization : \_\_\_\_\_  
(e) Designation : \_\_\_\_\_  
(f) Office Address : \_\_\_\_\_  
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(Office) : \_\_\_\_\_  
(Mobile) : \_\_\_\_\_  
(h) Fax : \_\_\_\_\_  
(l) Email : \_\_\_\_\_
6. (a) **Guardian's Full Name :** \_\_\_\_\_  
(b) Residential Address : \_\_\_\_\_  
(c) Occupation : \_\_\_\_\_  
(d) Organization : \_\_\_\_\_  
(e) Designation : \_\_\_\_\_  
(f) Office Address : \_\_\_\_\_  
(g) Telephones : (Residence) : \_\_\_\_\_  
(Office) : \_\_\_\_\_  
(Mobile) : \_\_\_\_\_  
(h) Fax : \_\_\_\_\_  
(l) Email : \_\_\_\_\_
7. School in which the student is studying : \_\_\_\_\_ Class : \_\_\_\_\_ ( )
8. Indian Languages studied : \_\_\_\_\_ Mother Tongue : \_\_\_\_\_

9. Name of schools attended, with dates :

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10. Name of brothers and sisters, not cousins, studying in this school :

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11. If either parent is an ex-Cathedralite, please give details :

Father : \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Mother's Maiden Name : \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

12. Special Interests of the pupil : \_\_\_\_\_

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1. The following documents should be submitted with the Registration form :

- a) Copy of Birth Certificate
- b) Original Transfer Certificate
- c) Copies of School Progress Report Cards
- d) Copy of Adhar Card
- e) Address Proof

2. Ex-Cathedralites, who are seeking admission for their children, will be required to submit a photocopy of their School Leaving Certificate.

3. **Declaration by the Parent / Guardian**

- a) I/We certify that the information given in this form is correct.
- b) I / We agree to pay all School fees and other dues regularly.
- c) I / We agree to abide by the rules of the school.
- d) I / We understand that the school will not be responsible for any injury, fatal or otherwise, that may be sustained by our child whilst he/she is participating in games, extra-curricular activities ; or while on excursions conducted by the school.
- e) I / We understand that the principal reserves the right to remove a student from the school at any time and strike the name off the rolls without assigning any reasons.

**Signature of the Father / Guardian :** \_\_\_\_\_

**Signature of the Mother / Guardian :** \_\_\_\_\_

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



## FOR USE BY THE SCHOOL

### RESULTS FOR TESTS

English : \_\_\_\_\_

Maths : \_\_\_\_\_

*Secondary School Head / Coordinator*

### Remarks by the Principal

Admit to Class : \_\_\_\_\_

House : \_\_\_\_\_

Residence : \_\_\_\_\_

**Principal**

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## ADMISSION & POSTING

Admission No. : \_\_\_\_\_

Date of Admission : \_\_\_\_\_

Admitted to Class : \_\_\_\_\_

Admissions Assistant



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## CLOTHING LIST (ANNEXURE)

### Boys

#### School Uniform :

White trousers	5 pairs
Half-sleeved white shirt	5
School badge	2
School belt	2
School tie	2
White socks (higher than ankle length)	6 pairs
Laced black shoes	1 pairs
Regulation pullover	1
Blazer	1

#### For Games & Sports :

Dark grey shorts	5 pairs
House T-Shirt	5
White sports socks	6 pairs
Regulation Trainers	1 pairs
Full track suit	2
Caps	2
Swim wear (Trunks, cap & goggles)	1 set

#### Additional Clothing & Linen :

Shorts	3 pairs
Jeans / Slacks	2 pairs
T - Shirt / Shirt	4
Socks	5 pairs
Sweater / Pullover	1
Raincoat	1
Casual shoes / sandals	1 pairs
Night suits	3 sets
Bathrobe	1
Underwear	10 Sets mini.
Handkerchief	12
Laundry Bag	1

(All items to be labelled and packed in a suitcase)

### Girls

#### Class 4 :

Grey Skirts	5
Grey & white striped cotton dress	1

#### Class 5 upwards:

Grey & white striped cotton dress	5
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#### Items common to all girls:

House sash	2
School badge	2
White socks	6 pairs
Black buckle shoes	1 pairs
Regulation pullover	1
Blazer	1

#### For Games and Sports:

Dark grey skirts	5
House T - Shirt	5
White sports socks	6 pairs
Regulation Trainers	1 Pair
Full track suit	2
Caps	2
Swim wear (1 piece swimsuit, cap & goggles)	1 set

#### Additional Clothing & Linen :

Skirts	3
Jeans / Slacks	2 pairs
T - Shirt / Blouse	6
Sweater / Pullover	1
Raincoat	1
Casual Shoes/ Sandals	1 pair
Night suits	3 sets
Bathrobe	1
Underwear	10 sets mini.
Handkerchief	12
Laundry Bag	1

(All items to be labelled and packed in a suitcase)

## **TOILETRY LIST**

Toothbrush	2
Toothpaste	1
Dental floss	2
Mug/Holder for toothpaste and toothbrush	1
Soap	1
Soap dish	1
Shampoo	1
Comb	1
Hairbrush	1
Shoe polishing kit	1

(The items mentioned above can be replenished at the School Store)

### **Good to have :**

Satchel  
Musical Instrument  
Tennis Racquet  
Badminton Racquet  
Table Tennis Bat  
Board Games  
Mosquito Repellent  
Hangers  
Torch  
Alarm clock  
Water Bottle  
Small Rucksack (for outings)  
Lock & Key with Key Chain  
Sleeping Bag

The School attaches great importance to personal grooming and hygiene. Children must take pride in their appearance and value cleanliness. Finger and toe nails should always be neatly clipped and kept clean.

Boys should note that their shirts must be neatly tucked in and trousers not worn so low that their cuffs sweep the ground. They should have their hair neatly groomed and cut short at the side and back. Jewellery is not allowed.

Girls must remember that their skirts should be knee-length. Spaghetti straps and short tops are not permitted.

Make-up and expensive jewellery are not allowed.

Hair should be neatly dressed. Long hair should be plaited or tied. Only black or brown hair clips may be used. Weaving/ colouring of hair is not permitted.