

# ENROLMENT GUIDE

Pathways School Gurgaon



IB CONTINUUM  
CONTINUUM DE L'IB  
CONTINUO DEL IB



**PATHWAYS**  
**SCHOOL**  
Learn • Work • Play • Think • LIVE

GURGAON





## STEP 1 - APPLICATION

### Hand Deliver/ Courier the following:

- Application for Admission
- Non-refundable Prospectus and Registration Fee as prescribed

(Cheques / Drafts to be made in favour of 'Pathways School Gurgaon Revenue Account' for Grade 1 to 12 and 'Pathways Early Years Gurgaon Revenue Account' for Pre-Nursery, Nursery and Kinder Garten. For direct bank remittance please refer to Payment Procedure in the Admissions Section of the School Website)

- Signed and dated Application Signature form
- Student Form (for students applying for Grades 6 - 12 only)
- Copies of past scholastic record of at least two years previous to this application (if applicable)
- Transport Request Form (for students opting to use school transport)
- Student Health Form
- Consent Form
- Meal Form
- 6 Passport size photographs of the student with name written behind each photograph
- 1 Passport size photograph of each parent with name written behind each photograph
- Copy of student's valid passport
- Copy of student's birth certificate or an age proof
- Copy of proof of residence of parents/parent

**Enrolment Contract** - The Enrolment Contract will be handed out during the school visit. It must be signed and dated in the presence of an Admissions Counsellor. (The Enrollment Contract is non-binding until the student has been offered acceptance and we have received the required non-refundable admission fee).

### Couriers should be sent to:

#### **PATHWAYS SCHOOL GURGAON**

Baliawas, Off Gurugram-Faridabad Road, Gurugram-122 003, Haryana, India

**T:** +91 124 4872000 | **F:** +91 124 4872002

**E:** admissions.gurgaon@pathways.in

**www.pathways.in**

## **STEP 2 - INTERACTION AND ASSESSMENT**

The interaction is a pleasant exchange of ideas. It is conducted by the Head of Admissions, concerned Principal and the School Director. We are interested in knowing about the child's educational development, use of language, social skills, academic enthusiasm and extra-curricular interests. Interaction is to find out what the student knows, understands and enjoys.

Primary School candidates (Pre-Nursery Grade-5) are met by the Primary School Principal, Head of Admissions and the School Director. This is a verbal interaction and the child may also be asked to perform some simple activities.

Admission seekers for Grades 6 to 8 have a verbal interaction and a written assessment in English and Mathematics.

Admission seekers for Grades 9 or 11 have a verbal interaction and written assessments in English, Integrated Sciences and Mathematics. All the IB Diploma candidates also have a meeting with the School Director. The candidates should demonstrate the ability to meet the requirements of the IB Diploma Programme.

Students are only taken into Grade 10 if they are transferring from a similar curriculum and their admission is based on reports from their existing school and an assessment followed by an interaction.

In Grade XII only transferring IB Diploma Students are admitted, provided all the pre-requisites of the IB Diploma are met.

Overseas / Outstation Applicants should courier all the required documents to the Admissions Office at the address mentioned earlier. In addition, they may also arrange a confidential recommendation from their existing school containing their last transcript. Such information should come directly from the candidate's existing school to the Head of Admissions in a sealed envelope (by courier/ post to the address mentioned above).

### **STEP 3 - ADMISSION**

Upon grant of admission the Admissions Office shall issue an Admission Acceptance Letter and Fee Proforma Invoice. In order to confirm and reserve the space for your child/ward, please submit the duly signed duplicate copy of Admission Acceptance Letter and deposit Admission Fee and Refundable Security Deposit as detailed in the Fee Proforma Invoice within 15 days of date of Admission Acceptance Letter.

Admission office shall then allot the Student's ID Number. This is a unique number allotted to a particular student and should be included in all communication made with the school there after.

Various aspects of the School Fee as detailed in the Fee Proforma Invoice can be deposited at the time of accepting the admission but not later than the dates indicated in the Fee Structure of the School. Students shall not be permitted to attend the school if all or any of the Fee/ Amount is due. Before allowing the student to take up his/her place a Transfer Certificate needs to be submitted to the Admissions Office, from the School last attended by the student.



## Application Signature Form

Student Name \_\_\_\_\_

Grade Applying For (202 – 202 ) \_\_\_\_\_

### Parent/ Guardian, please read, sign and date below:

I have truthfully and to the best of my knowledge completed an online application for the above named student. I authorize Pathways School Gurgaon to contact past and current schools, teachers, tutors, administrators, and other sources to obtain information to support this application. I will not seek access to confidential teacher evaluation materials before or after my child's/ward's admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Pathways School Gurgaon for this purpose. All materials submitted in support of this application become the property of Pathways School Gurgaon, are confidential, and will not be released. If my child is accepted for admission, I understand that campus placement will be assigned based on space availability, other siblings enrolled and/or class gender balance. My ward and I undertake to abide with the school rules and regulations stipulated in the 'Parent Student Handbook' which I understand may change from time to time.

My ward has been in good standing in terms of behaviour. His/her conduct has been good, non-aggressive and disciplined as per school norms and he/she has not been debarred nor expelled from any School.

[ ] Yes

[ ] No

If No, please provide details: \_\_\_\_\_

I hereby undertake complete responsibility for the proper conduct, behaviour and discipline of my ward at all times; while at School, on School Transport, Camps, Field / International trip(s) or in the Boarding ( when applicable ). In case the declaration is found untrue/or in case of breach of the above stated clauses, I am aware that the admission of my ward is liable to be cancelled and further agree that I will abide by the School's decision.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Students applying to Grade 1-12, please read, sign and date below:**

I understand that Pathways School Gurgaon regulations forbid the use of drugs, alcohol and tobacco by all students and that this rule applies whether I am on or off campus. If admitted, I agree to abide by the principles of Pathways School Gurgaon Honour Code which prohibit cheating, lying, slander or gossip, sexual misconduct or impurity, stealing, vandalism, possessing and distributing pornographic and other objectionable materials and all other offenses that are detrimental to Pathways School community. I agree to uphold moral values in the selection of movies, music, television, video or computer games, books, magazines, internet sites accessed, and other forms of entertainment. Pathways School Gurgaon may use my photograph in school publications and promotions.

Student's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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## STUDENT'S FORM (Applicable for Grade 1-12)

Student to complete the following statements in his/her own handwriting:

Name of Student: \_\_\_\_\_  
First name Middle name Last name

Grade applied for \_\_\_\_\_ Academic Year \_\_\_\_\_

1. My family is important to me because \_\_\_\_\_

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2. At Pathways my goal is \_\_\_\_\_

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3. The most important thing you should know about me is \_\_\_\_\_

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4. I believe I am strong in \_\_\_\_\_

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5. I think I need to strengthen myself in \_\_\_\_\_

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## TRANSPORT REQUEST FORM

Name of Student: \_\_\_\_\_  
First name Middle name Last name

Grade applied for \_\_\_\_\_ Academic Year \_\_\_\_\_

I/ We hereby request **Pathways School Gurgaon** to provide daily transport to my aforesaid ward to attend the school. I/We have apprised my/ our self of the current transport routes run by the school. Nearest pick up/ drop point preferred by me/us is \_\_\_\_\_. In case the school transport does not cover this point or if the school transport ceases to ply to this point, I/ We will make arrangements to pick up/ drop my/ our son/ ward at the nearest stop advised by the school. I/ we undertake that my/our child/ward shall abide to and follow all the Rules, Regulations, Do's and Don'ts as prescribed by the school I/We understand that all reasonable safety precautions are followed by the school. I/ We do release, absolve, indemnify, and hold harmless Pathways School Gurgaon, their officers, employees, directors, their agents, representatives, or assignees. (I/ We) hereby waive all claims, liabilities, and/ or suits against Pathways School Gurgaon, officers, employees, directors, their agents, representatives, or assignees, for any kind of eventful/uneventful consecutive due to the use of such transport.

I/We agree to pay the school the Transport Fee prescribed by the school and I understand that this is an annual charge, which can be paid twice a year. I/We will inform the school, in advance of a request for withdrawal of school transport as per the School Policy or a semester's fee will be paid.

Parent's Signature \_\_\_\_\_

Name in Capitals \_\_\_\_\_

Date \_\_\_\_\_

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## STUDENT'S HEALTH FORM

Name of the Student \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M  F   
 DD MM YY

### EMERGENCY CONTACT

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

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

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

Sibling (s) at PSG (Name and Grade) \_\_\_\_\_

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

My ward is not suffering from any communicable ailment and/or any psychological disorder and he/she has not received any counselling for the same.

[ ] Yes

[ ] No

If No, please provide details: \_\_\_\_\_

### MEDICATION PERMISSION

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 in rare cases 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 / violent injury / medical or surgical emergency with the understanding that I (the father/ the mother / the guardian of the student) shall be notified / informed 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.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT'S HEALTH HISTORY**  
**(TO BE FILLED IN BY A PHYSICIAN)**

Alternately, 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 age as per the **National Immunization Schedule** at the time of seeking admission to Pathways School Gurgaon. Please indicate the date of Immunization of the child against each.

	<b>Recommended age of immunization</b>	<b>Date</b>
BCG & OPV-0dose (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	_____
Hemophilus Influenzae (HIB) Vaccine	2 doses 1- 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

Name of the Physician \_\_\_\_\_ Signature of the Physician \_\_\_\_\_ Registration No. \_\_\_\_\_

Address \_\_\_\_\_

Physician's Stamp \_\_\_\_\_

## STUDENT'S HEALTH HISTORY FORM (TO BE FILLED IN BY THE PARENTS)

**Did your child have any of the following ailments in the past: (Please Circle)**

Measles	Diabetes	Typhoid
Rubella (German Measles)	Goiter / Thyroid Disease	Malaria
Chickenpox	Mumps	Allergies
Jaundice	Eczema	Epilepsy/Seizures
Tonsillitis	Rheumatic Fever	Meningitis
Poliomyelitis	Discharging Ears	Ears Asthma
Pleurisy	Heart Murmurs	High Blood Pressure
Tuberculosis	Kidney Stones	Bladder or Kidney Infection

**OTHER SPECIFIC SYSTEMIC ILLNESSES (if any): (Please explain)**

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NOTE: If a child suffers from rheumatic heart disease / bronchial asthma / epilepsy / endocrine disorder / allergy to food, medicines etc / has an illness which requires long term medication, please furnish details of the illness giving frequency, severity of disease etc and a photocopy of the health records and treatment being administered. This should help the School Medical Officer to understand his / her illness better and should help in better management of the child as and when the situation demands.

Any other relevant information:

**Please check if any relative (parents, siblings, grandparents) have had any of the conditions listed below:**

High blood pressure _____	Kidney Disease _____	Asthma _____
Bleeding Tendencies _____	Tuberculosis _____	Cancer _____
Seizures / Epilepsy _____	Psychiatric illness _____	Heart Disease _____
Diabetes mellitus _____	Obesity _____	

Parent's Signature \_\_\_\_\_

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





## CONSENT FORM

Student's Name \_\_\_\_\_ ID No. \_\_\_\_\_

I agree to let my aforesaid ward participate in all activities arranged by Pathways School Gurgaon including expeditions, trips and annual camps organized outside the school premises. I realize that such events are an integral part of holistic education.

I agree to pay the school the charges specified for such participations.

I understand that such activities, expeditions, trips, camps etc. will be supervised by the member of school staff and that all reasonable safety precautions will be followed. I will not hold the school responsible for any circumstances beyond its control.

Place: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

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

Name in Capitals \_\_\_\_\_



## MEAL FORM

Student's Name \_\_\_\_\_ ID No. \_\_\_\_\_

I am aware that Pathways School Gurgaon maintains a vegetarian kitchen and will provide only vegetarian meals. If we/our student brings any eatables to School with prior permission from the School Principal for some special occasion/event, we will ensure that such food is vegetarian.

Place: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

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

Name in Capitals \_\_\_\_\_



[www.pathways.in](http://www.pathways.in)



**Co-ed day School (Pre-Nursery to Grade 12)**

Baliawas, Gurugram-Faridabad Road, Gurugram - 122003 (NCR Delhi), Haryana, India.

(Just a few minutes drive from Andheria Modh)

Tel.: +91 124 4872000, +91 9560121222/18222, 9560218222 Fax: +91 124 4872002

Email: [admissions.gurgaon@pathways.in](mailto:admissions.gurgaon@pathways.in)