



APPLICATION FOR ADMISSION

Student Information

Form No. _____

FirstName _____ MiddleName _____ LastName _____

M F Grade Applying for _____ Year Applying for _____

Pre Term Opted (April-May) Yes No

Residency Applied for _____

Status preferred Day Boarding Weekly Boarding Term Boarding

School Bus Required: Yes _____ No _____

Date of Birth _____ Place of Birth _____ Nationality _____

Passport Information

Issuer _____ Passport Number _____

Date Issued _____ Expiration Date _____

Applicant's Prior Schools

Current School _____ Medium of Instruction _____

Address of last school attended _____

Other schools attended in the past 2 years _____

Blood Group _____ Religion _____

House Hold Information

Applicant lives with Both parents Father Mother Other

Reasons if not with both parents

One parent deceased Parents divorced Parents separated Other

If others please specify: _____

Parent – 1

Relation to Applicant _____ Title _____

First Name _____ Last Name _____

Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Preferred Communication Method Email Paper Mail

HomePhone (Please prefix country and area code (ex: +91)) _____

CellPhone Number _____ Email Address _____

School Attended _____ Qualifications _____

Occupation _____ Employer _____

Designation _____ Work Address _____

City _____ State/Province _____ Postal Code _____

Country _____ No. of days you lived outside India last year _____

Majority income earned in INR US\$ Others (At present)

INR US\$ Others (At the time of joining)

Parent – 2

Relation to Applicant _____ Title _____

First Name _____ Last Name _____

Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Preferred Communication Method Email Paper Mail

HomePhone (Please prefix country and area code (ex: +91)) _____

CellPhone Number _____ Email Address _____

School Attended _____ Qualifications _____

Occupation _____ Employer _____

Designation _____ Work Address _____

City _____ State/Province _____ Postal Code _____

Country _____ No. of days you lived outside India last year _____

Majority income earned in INR US\$ Others (At present)

INR US\$ Others (At the time of joining)

PARENT'S RESOURCE

Would you like to volunteer for any of the following activities:

- | | |
|--|--|
| <input type="checkbox"/> Substitute Teaching | <input type="checkbox"/> Guest Speaker on _____ |
| <input type="checkbox"/> Field Trip Assistance | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Library Reading Program | <input type="checkbox"/> Creative activity _____ |
| <input type="checkbox"/> Sports Assistance | <input type="checkbox"/> Anyother _____ |

Name of Brothers and / or Sisters (List from eldest to youngest):

Name	Gender M/F	Date of Birth	Grade	Current School	City/Country	Nationality

Pathways students whom you know personally and relatives who have attended Pathways

Name	Grade/Alumini	Relationship (know/relative)

Reasons for withdrawal from the current school: _____

Reasons for wanting to join Pathways World School: _____

STUDENT'S BACKGROUND

**Activities/ Sports/ Arts
(In order of interest)**

**Grade/ Level(s)
during which
the student was involved**

**Does the student plan
to continue this
activity at Pathways?**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honours, awards, elected or appointed positions: _____

Interests and Hobbies _____

Community service activities: _____

Career Interests _____

Travel experience: _____

Please check the appropriate answer:

Yes

No

Has your child ever received a double promotion (skipped a grade?)

Has your child even been identified as gifted or talented?

Has your child ever been in a speech therapy program?

Has your child ever been identified as having a learning disability
If yes, please indicate learning disability area:

Reading Writing Language Mathematics

Has your child ever received academic assistance

If yes, please indicate the area of assistance _____

Has your child ever studied any other languages?
if yes, please list it below

Languages studied

Proficiency Level

Aug

Good

Excellent

1. _____

2. _____

	Yes	No
Has your child ever been suspended/ expelled from a school? If yes, please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		

Has your child ever experienced social, emotional or behavioral difficulties? If yes, please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		

Does your child have any major illness, allergies or physical disabilities that require special attention? If yes, please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		

Special Aptitude _____

I hereby apply for admission of the above named student to Pathways World School and certify that the information furnished by me is complete and correct to the best of my knowledge. I agree that my child and I will abide by all the rules and regulations of the school. I understand that should my child require special educational assistance there will be an extra cost for these as indicated in the fee structure. I give permission for my child to go on organized school trips and to participate in regular physical education, swimming and co-curricular activities.

Name _____

Signature _____

Date _____

Relationship with the student _____

Aravali Retreat, Off Gurgaon-Sohna Road, Gurgaon-122 102, Haryana (NCR Delhi), India

Tel: +91 124 451 3000 Fax: +91 124 451 3002

Email: admissions.aravali@pathways.in

Mailing address : 2, Sainik Farms, New Delhi 110062,

Tel: +91 11 2955 1090-1 Fax: +91 11 2955 1092

www.pathways.in



Application Signature Form

Student Name _____ Grade Applying For (20 - 20) _____

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

I have truthfully and to the best of my knowledge completed an online application for the above named student. I authorize Pathways World School 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 World School for this purpose. All materials submitted in support of this application become the property of Pathways World School, 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. I undertake to abide with the school rules that may change from time to time and also be governed by the Parent Student Hand Book that may change from time to time.

Signature of the Parent/Guardian _____ Date _____

Students applying to Grade 6-12, please read and sign/date below:

I understand that Pathways World School 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 World School 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 World 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 World School may use my photograph in school publications and promotions.

Signature of the Student _____ Date _____

Mailing Address:
2, Sainik Farms, New Delhi-110 062, India Tel: +91-11-2955 1090-1
www.pathways.in



Enrolment Contract

Name of the Student: _____
First name Middle name Last name

Grade applied for _____ Academic Year _____

Please reserve a place for (my/our) (child/ward) as a student in Pathways World School from _____ school year onwards subject to the terms of this contract. Enrolment/re-Enrolment is at the discretion of Pathways World School’s administration.

I. ADMISSION FEE

A non-refundable Admission Fee, as stated in the Fee Schedule, is required. **(I/We) understand that this fee is non-refundable.**

II. CONTINGENT ENROLMENT

Enrolment of the student is contingent on the student’s maintenance of satisfactory academic performance and good citizenship.

III. PAYMENT OF TUITION, FEES, SERVICE HOURS, FUNDRAISERS

(I/We) agree that (I/We) are obligated for payment of tuition and fees for the entire duration of enrolment in school regardless of whether (my/our) (child/ward) is withdrawn or dismissed from the school before the end of a school year, subject to the schedule set forth below. (I/We) agree that (my/our) (child/ward) will not be allowed to attend classes if (my/our) account falls into arrears. Pathways World School reserves the right to send accounts in arrears to a collection agency. All accounts settlement must be satisfied in full before official or unofficial credits or academic records can be transferred to other schools and colleges or final report cards issued. Rented textbooks, athletic equipment, library books, and all other school property must be returned prior to release of records, credits, and/or final report cards. All withdrawals should be communicated in writing to the School Director in the prescribed “Student Withdrawal Form”. The withdrawals should be communicated as per the below mentioned schedule failing which entire fee of the two following quarters will be charged in lieu of notice:

Date of Withdrawal
For Semester I (Aug – Dec)
Between 1st August to 31st December

Notice to be received latest by
preceding 31st October
Preceding 31st March (Existing Students)
Preceding 30th June (Pre-Term Students)
Preceding 15th July (Grade 10 Students)

Father’s (Guardian’s) Signature

Mother’s (Guardian’s) Signature

Date

(I/We) understand that in case of divorce, each parent is responsible to fulfill all financial obligations regardless of personal cost sharing agreements and both parents must sign this Enrolment Contract. In cases of a single-parent parenting plan, that parent is financially obligated and must sign this Enrolment Contract.

IV. GENERAL CONDITIONS

This Enrolment Contract is subject to the general statements, policies, rules, regulations, conditions, traditions, and financial terms, as indicated in The Pathways World School Parent/Student Handbook (available at www.pathways.in), and the Fee Schedule as amended from time to time which are acknowledged to be incorporated into this Enrolment Contract, and with which (I/we) have taken the opportunity to become familiar. These general statements, policies, rules, regulations, conditions, traditions, fee schedule and financial terms may be adopted or amended from time to time. Parents and students 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.

V. RETENTION

(I/We) understand that the school has the right to terminate enrolment of any student if at the discretion of the school's administration of, (1) the student's academic progress is unsatisfactory, (2) the student's conduct at school or away therefrom is unsatisfactory or is detrimental to good order and discipline in the school, (3) the student and/or the student's parents/guardians fail to abide by the school's policies, rules, and regulations or otherwise interfere with the school's accomplishment of its educational purpose or (4) the student and/or the student's parent's/guardian's behavior is disruptive or injurious to the school or its reputation. No refund of tuition and/or any fees will be made in the case of termination of enrolment.

VI. PUBLICITY RELEASE

INTERNAL RELEASE: -(I/We) give permission to use photographic and video images of (my/our) (child/ward) to be used internally, for classroom and school communications, including the student yearbook, school newsletters (print and online versions), classroom art projects, classroom photo albums/scrap books, video presentations intended for parents/students at school events, internal (password protected) school website, and other school publications.

EXTERNAL RELEASE :- (I/We) give permission to use photographic and video images of (my/our) (child/ward) for external communications, intended for prospective students and families, including press releases about sports, academic, and other achievements, brochures, external school website, advertisements, hoardings and informational videos about the school.

VII. MEDICAL

(I/We) understand it is the policy of the school that, in order to reduce risk of spreading any illness, a student with a contagious and/or communicable disease may not be allowed on the campus. The School Director has the

Father's (Guardian's) Signature

Mother's (Guardian's) Signature

Date

authority to make the decision based on the advice of any appropriate physician from whom he or she may seek counsel as well as the School Attorney. (I/We) understand that if in the opinion of a properly licensed and practicing physician, (my/our) (child/ward) needs medical or surgical services which require (my/our) authorization or consent before being supplied, (I/we) hereby authorize, appoint and empower Pathways World School, to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be required, and (I/we) release Pathways World School, from any liability which might arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (child/ward) be furnished with such medical or surgical services as soon as reasonably possible after the need arises. (I/We) understand that Pathways World School require students in all grades (Pre Nursery - Grade 12) to have on file before the first day of classes immunization and health records as prescribed in the "Health Form". We undertake to file the same regularly on time.

VIII. PARTICIPATION IN SCHOOL RELATED FIELD TRIPS, CAMPS, BOARDING ACTIVITIES, COMPETITIONS ETC.

I/We hereby authorize my/our child and accord him permission to participate in any/all activities, curricular or co-curricular, academic or non-academic, competitive or non-competitive etc. both within and outside the school. These activities include, but are not limited to, sport activities, water activities, horse riding, trips and expeditions, trekking and mountaineering, dance and drama, travel and excursions etc. I/we understand that the school undertakes these activities/events etc. taking appropriate safety and security measures on best effort basis and assume all risk and hazards incidental to these activities/events and accept complete responsibility and liability to any kind of eventful/ un eventful consequences resulting from such participation/s which includes, but is not limited to, loss/damage/theft of any personal property, any injury including leading to temporary/permanent disability or fatal etc. I/We hereby release, absolve, indemnify and hold harmless. Pathways World School, its officers, employers, directors, volunteers, third party associates, families hosting such events, organizers, agents representatives or assigns from any such kind of eventful/uneventful consequences resulting from such participation/s which includes, but is not limited to, loss/damage/theft of any personal property, any injury including leading to temporary/permanent disability or fatal etc. I/We further wave all claims, liabilities, suits against Pathways World School, its officers, employees, directors, volunteers, third party associates, families hosting such events, organizers, agents representative or assign from any such kind of eventful/uneventful consequences resulting from such participation/s which includes but is not limited to, loss/damage/theft of any personal property, any injury including leading to temporary/permanent disability or fatality etc. I/We undertake to inform the school well in advance of any medical or other reasons due to which my child may not be able to participate in an activity/event.

IX. TRANSPORT

If my/our ward subscribes to daily transport run/ contracted by Pathways World 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 and may be prescribed by the school. I/we further authorize the school to organize transport, whether own or contracted for my/our child/ward to participate in any field trip, camp, competition or any other outdoor activity. I/We understand that all reasonable safety precautions are followed by the school. I/We do release, absolve, indemnify, and hold harmless Pathways World School, their officers, employees, directors, their agents, representatives, or assigns. (I/We) hereby waive all claims, liabilities, and/or suits against Pathways World School, officers, employees, directors, their agents, representatives, or assigns, for any injury to (my/our) (child/ward) or any loss due to the use of such transport.

Father's (Guardian's) Signature

Mother's (Guardian's) Signature

Date

X. LIABILITY

(I/We) understand that the school is not responsible for damages to or loss of personal belongings. (I/We) further undertake to cover by appropriate insurance all the valuable assets and gadgets etc. that my child/ward may possess such as Laptop, Mobile Phone, Ipad, Camera etc. and agree to produce a copy of such insurance to the school authorities as and when demanded failing which school is authorized to obtain the insurance on my behalf and recover the cost including administrative charges of the same from the contingency account of my ward/child. In no case would the school be held responsible for filing/processing/obtaining claims from the insurance company, if any.

(I/We) understand that it is mandatory for every student at Pathways World School to be suitably covered with Medical Insurance and Personal Accidental Insurance for INR One Hundred Thousand or more each or any other such insurance that the school may prescribe from time to time. (I/We) undertake to present to the school every year, prior to the commencement of a new session, a copy of each such insurance valid till the end of the respective session failing which the school is authorized to obtain the insurance on my behalf and recover the cost, including administrative charges of the same, from the contingency account of my ward/child. In no case would the school be held responsible for filing/processing/obtaining claims from the insurance company, if any.

XI. ARRIVAL/DEPARTURE

(I/We) understand that all students are expected to abide by the Arrival/Departure rules as prescribed by the School Authorities from time to time.

XII. PARENTAL ATTENDANCE

Parental involvement in the life of the school is very important. (I/We) understand that parents are expected to attend 'Open House' sessions, Parent Teachers' Meetings as well as other school-wide events in which their child participates.

XIII. COMMUNICATION

(I/We) understand and agree to the school's endeavor to Reduce, Reuse and Recycle and accordingly agree with the policy of maintaining paperless electronic communication with us including communicating my ward/child's progress report.

XIV. ENTIRE AGREEMENT

The Agreement constitutes the entire Agreement between the parties, and supersedes all prior agreements, understandings and representations, whether written or oral. It shall not be modified, amended, altered or changed, nor shall any provision hereof be waived, except by written agreement signed by all of the parties to this Agreement. The undersigned hereby acknowledges that they have read and fully understood the terms and conditions set forth in this agreement.

Father's (Guardian's) Signature

Mother's (Guardian's) Signature

Date

XV. ARBITRATION

The sole and exclusive remedy (other than the school's option to withhold grades, transcripts, and re-enrolment for accounts that are not current) for all disputes and controversies relating to the provisions of this Agreement shall be binding arbitration before an arbitrator nominated by the Chairman, Pathways World School who shall be entitled to give an award without stating any reasons and as to whose Arbitration. (I/We) shall have no objection and whose Award shall be final and binding. Any parent/guardian who initiates the procedures of this paragraph who is not then current with all tuition payments must deposit all past due & before initiating the arbitration.

Both parents/guardians must sign this contract to acknowledge agreement with its contents. In cases of divorce, each parent must sign this Enrolment Contract. In cases of a single-parent parenting plan, that parent must sign this Enrolment Contract that a Person financially responsible must sign this Enrolment Contract if other than a parent/guardian.

Father's (Guardian's) Signature

Mother's (Guardian's) Signature

Date

Aravali Retreat, Off Gurgaon-Sohna Road, Gurgaon-122 102, Haryana (NCR Delhi), India
Tel: +91 124 451 3000 Fax: +91 124 451 3002
Email: admissions.aravali@pathways.in
Mailing address : 2, Sainik Farms, New Delhi 110062,
Tel: +91 11 2955 1090-1 Fax: +91 11 2955 1092
www.pathways.in



STUDENT'S FORM
(Applicable for Grades 6-12)

Please complete the following statements in your own handwriting:

Name of the Student: _____
First name Middle name Last name

Grade applied for _____ Academic Year _____

1. My family is important to me because _____

2. At Pathways my goal is _____

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

4. I believe I am strong in _____

5. I think I need to strengthen myself in _____

Mailing Address:
2, Sainik Farms, New Delhi-110 062, India Tel: +91-11-2955 1090-1
www.pathways.in

Student IT Policy Acceptance Form (Applicable for Grades 7–12)

I am aware and have been supplied a copy of the Pathways IT Policy on the usage of IT Workflow. I have gone through the same and accept it in its entirety.

Further I undertake to:

1. Respect myself - Use PWS's computer network and global telecommunications with honesty and integrity. Keep standards of decency in accessing, viewing, or sending messages and pictures. Keep my password secure. Support copyright laws;
2. Respect other users - Respect other's work and files, their privacy, and their right to access the network. Respect hardware, software, and peripherals that we all share;
3. Respect the network management - Respect their need to oversee the running of the network. Have my Laptop/other IT devices configured in compliance to Pathways IT Policies. Get approval from the Pathways IT Department for any configuration change; add/ amend any software etc. on my Laptop/other IT devices.
4. Follow Good Practices in using IT by:
 - a. Ensuring the physical environment of my laptop/other IT equipment to be SAFE, DUST-FREE, DRY AND SECURE. Take personal responsibility for the "CLEANLINESS" of my laptop/other IT equipment as I am aware that the majority of problems in IT equipments are caused by dust;
 - b. Ensuring my laptop/other IT equipment have a Pathways Standard ANTI-VIRUS PROGRAM installed and the DAT is of a recent date. I Won't ignore viruses and will take warnings seriously;
 - c. Being wary of "STRANGE" e-mail messages - will not open ATTACHMENTS that seem inviting;
 - d. Will remain within allocated disk space and delete e-mails or other material, which take up excessive storage space;
 - e. Will avoid sending bulk mails. Will use BCC field if more than 5 users are going to receive the same mail;
 - f. Will check my mails at least twice a day;
 - g. Will avoid sending heavy attachments.
 - h. Will not exchange the accessories including wireless card with others.
 - i. Will not bring any kind of inappropriate disk or software to school.
 - j. Will not disclose personal information over the network.
 - k. Will not visit or download material from unsuitable sites or pass such material to other students.
 - l. Will refrain from watching videos/movies, Listening to music, another entertainment chatting with others on laptops during school hours or other defined timings as it is not allowed as per the IT Policy.

Name of the student

Parent _____

Date

Student _____

Mailing Address:

2, Sainik Farms, New Delhi-110 062, India Tel: +91-11-2955 1090-1

www.pathways.in



TRANSPORT REQUEST FORM

Name of the Student: _____
First name Middle name Last name

Grade applied for _____ Academic Year _____

I/ We hereby request **Pathways World School** 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 by and follow all the Rules, Regulations, Do's and Don'ts as prescribed and may be prescribed by the school I/We understand that all reasonable that all reasonable safety precautions are followed by the school. I/We do release, absolve, indemnify, and hold harmless Pathways World School, their officers, employees, directors, their agents, representatives, or assigns. (I/We) hereby waive all claims, liabilities, and/ or suits against Pathways World School, officers, employees, directors, their agents, representatives, or assigns, for any injury to (my/our) (child/ward) or any loss 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 quarterly. I/We will inform the school, in advance of a request for withdrawn of school transport as per the School Policy or a semester's cost will be paid.

Parent's Signature _____

Name in Capitals _____

Date _____

Mailing Address:
2, Sainik Farms, New Delhi-110 062, India Tel: +91-11-2955 1090-1
www.pathways.in



NEW STUDENT'S HEALTH FORM

Name of the Student _____ Birth Date ____/____/____ Sex M

DD MM YY

Emergency Contact

Father's Name _____ Mobile No. _____

Mother's Name _____ Mobile No. _____

Preferred Doctor (if any) _____ Phone _____

Sibling (s) at PWS (Name and Grade) _____

Blood Group of the Student _____

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.

Signature of the Parent _____

Date _____

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	Asthma
Pleurisy	Heart Murmurs	High Blood Pressure
Tuberculosis	Kidney Stones	Bladder or Kidney Infection

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

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 _____	

Signature of the Parent _____

Date : _____



CONSENT FORM

Student's Name _____ ID No. _____

I agree to let my aforesaid ward participate in all activities arranged by **Pathways World School** 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 participation.

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

Parent's Signature _____

Name in Capitals _____

Date: _____



LOCAL GUARDIAN AUTHORISATION FORM

Student's Name _____ ID No. _____

I hereby authorize the person described hereunder to be the Local Guardian for my aforesaid ward who is studying at Pathways World School. I further authorize the School to maintain communication with the said person and also contact him/her in case of any emergency. I further authorize this person to meet my ward in/ outside the school and to also take him/her away during the exeats.

Name _____

Nationality _____

Relationship with the student/ parent _____

Office/ Workplace Address _____

Residence Address _____

Phone Off. _____ Resi. _____

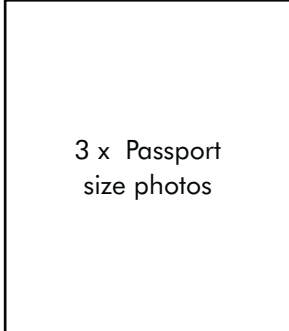
Phone Mob _____ Fax _____ Email _____

Place _____

Parent's Signature _____

Date _____

Name in Capital _____



Mailing Address:
2, Sainik Farms, New Delhi-110 062, India Tel: +91-11-2955 1090-1
www.pathways.in