BOS FRONTALIS SCHOOL: NAHARLAGUN

FEES STRUCTURE FOR THE SESSION 2025-2026

DAY- SCHOLAR/NEW ADMISSION/RE-ADMISSION

CLASS	TOTAL FEES	ADM.FEES	1ST INST. (1st week of July)	2ND INST. (1st week of Dec)	TRANSPORTATION FEES	Books and Notes copy	Uniform and other accessories
Nursery	20,000	10,000	5,000	5,500	As per the location	* Books are free. * Note copy as per printing rate	Tie – Sweater- Belt- Batch- Bag- Sock- Total- *Pants(boys)/Dress(girl)/hostel uniform are to be stitch form outside.
LKG	20,000	10,000	5,000	5,500			
UKG	20,000	10,000	5,000	5,500			
I	23,000	12,000	5,000	5,500			
II	23,000	12,000	5,000	5,500			
III	23,000	12,000	5,000	5,500			
IV	25,000	12,000	6,500	6,500			
V	25,000	12,000	6,500	6,500			
VI	28,000	15,000	6,500	6,500			
VII	28,000	15,000	6,500	6,500			

HOSTELLER/NEW ADMISSION/RE-ADMISSION

CLASS	TOTAL FEES	ADM.FEES	1ST INST. (1st week of July)	2ND INST. (1st week of Dec)	Books and Notes copy	Uniform and other accessories	Stationary items deposit
Nursery	60,000	30,000	15,000	15,000	* Books are free. * Note copy as per printing rate	Tie – Sweater- Belt- Batch- Bag- Sock- Total- *Pants(boys)/Dress(girl)/hostel uniform are to be stitch form outside.	Rs:- 1000 Refundable if not used
LKG	60,000	30,000	15,000	15,000			
UKG	60,000	30,000	15,000	15,000			
I	63,000	33,000	15,000	15,000			
II	63,000	33,000	15,000	15,000			
III	63,000	33,000	15,000	15,000			
IV	63,000	33,000	15,000	15,000			
V	67,000	37,000	15,000	15,000			
VI	67,000	37,000	15,000	15,000			
VII	67,000	37,000	15,000	15,000			

Note:- 1. All students must have the prescribed uniform. All students can stitch the uniform at SANGAM TAILOR G- extension road, opp. State bank of India contact No.+91 8731952621 / +91 700519511

2. **Half or partial fee shall not be accepted.**
3. **You are expected to pay fee at right time for smooth running of school.**
4. **Fee once paid is not refundable at any cost.**

BOS FRONTALIS SCHOOL : NAHARLAGUN

(LICENSE NO. COOP-ORG/2022/00001)
AFILIATITED NO:- EDN/ICR/PVT-SCN-02/2021-22/197-99
UDISE CODE :- 12230101XXX
FORM FOR ADMISSION (2025-26)

Photo

Name of the student : .....
Mother's Name : .....
Father's Name : .....
Date of Birth : .....
Cat. (SC/ST/OBC/GEN) : .....
Permanent Address : .....
.....
.....
Corresponding Address : .....
.....
.....
Contact no. (Parents) : .....
Contactno.(LocalGuardian):.....
Aadhar no. (Candidate) : .....
Name of the previous school : .....
Pan no : .....
Year of passing : .....
Class last studied : .....
Admission opted for class : .....
Percentage of marks scored : .....
Day-scholar/Hosteller : .....

Note for the parents/Guardians during admission:

a) Two recent passport size photographs of candidate.
b) Mark sheet and Transfer Certificate (TC) IN ORIGINAL of the previous school attended.
c) Aadhar card of the candidate.
d) Cast certificate.

Date:.....

Signature of the Parents/Guardians

a) Father's Sign. : .....
b) Mother's Sign.: .....
c) Guardian Sign.: .....

Signature of Principal/ Vice Principal

DECLARATION

I/we hereby declare that the forgoing information are correct and complete to the best of my knowledge and belief and that I/we am/are in possession of the documents in proof of the claim made in this Application/ Admission Form.

a) Father's Signature : .....

b) Mother's Signature : .....

c) Guardian Signature : .....

FOR OFFICE USE ONLY

a) Cash Receipt No. : .....

b) Date : .....

c) Total Amount : .....

d) Amount paid : .....

e) Balance Amount : .....

Signature of the Accountant

Verified (with Seal and Signature) : .....

Signature of Principal/Vice Principal

Medical Details Form

Student Information

1. *Name:* .....
2. *Date of Birth:* .....
3. * Blood Group* .....
4. *Class/Grade:* .....
5. *Admission Number:* .....

Medical History

1. *Do you have any medical conditions?* (Yes/No) .....
   If yes, please specify: .....
2. *Have you had any surgeries?* (Yes/No) .....
   If yes, please specify: .....
3. *Do you have any allergies?* (Yes/No) .....
   If yes, please specify: .....
4. *Are you taking any medications?* (Yes/No) .....
   If yes, please specify: .....

Parent/Guardian Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that it is my responsibility to inform the school of any changes in my child's medical condition.

Parent/Guardian Signature: .....

Parent/Guardian Name: .....

Date: .....

Note:

This form should be filled out and signed by the parent/guardian.

The school reserves the right to verify the information provided.

The school will maintain confidentiality of the medical information provided.