

Academic Fees details for Students

Section	First Installment	Second Installment
Nur to XII	To be paid before 15th April	To be paid before 30th Sept.

School Timings

	Monday - Friday	Saturday
I – XII	8.00 am– 2.00 pm	8.00 am to 12.00 PM

Age criteria for Admission

Sr.No	Std.	Age
1	I	6 Years (as on 31st December of the respective year)

PAYMENT MODE: - We accept only Demand Draft / Cash through challan system

1. Fees will be accepted in cash/Demand Draft/ online only.
2. 15th April 2026 is the last date to pay the 1st installment or else your child name will not reflect in the class muster of June 2026 . Kindly pay it as per the above schedule in order to avoid inconvenience.
3. 30th September 2026 is the last date to pay the 2nd installment.
4. Bus fee is non – refundable and non – transferable.
5. Bus fee defaulters will not be permitted to avail the school bus facility.
6. Any argument by the parents with the bus driver or attendant regarding non – payment of fees will not be entertained.
7. If the cheque submitted by the parents is bounced, legal action along with penalty of 300/- will be charged.

Details for School Fees

Sr.No.	Subject	Classes	D.D. in Favour of	Online Details
1	Transport Fees	All Sections of the School	Jayawant Shikshan Prasarak Mandal	Bank Name – Union Bank of India Branch- Navi Peth, Pune A/C No – 360002010212425 IFSC Code- UBIN0536008
2	Pre Primary Section	Nur to UKG	JSPM's Cygnet Public School	Bank Name – Union Bank of India Branch – Dhankawadi, Katraj Pune. A/C No – 744702010007543 IFSC Code– UBIN0574473
3	Primary Section	Std. I To V	JSPM's Cygnet Public School	Bank Name – Union Bank of India Branch – Dhankawadi, Katraj Pune. A/C No – 744702010007541 IFSC Code – UBIN0574473
4	Secondary & Higher Secondary Section	Std. VI To XII	JSPM's Cygnet Public School	

Reminder for Payments of Fees

To be filled only by the Parents Annual Fees First Installment

Name of The Bank	Receipt No	DD.No	Amount Paid	Date	Parent's Sign

To be filled ONLY by the Parents Annual Fees Second Installment

Name of The Bank	Receipt No	DD.No	Amount Paid	Date	Parent's Sign

Bus Fees

Name of The Bank	Receipt No	DD.No	Amount Paid	Date	Parent's Sign

To be filled by the School

Sr.No.	Particulars of reminder	Accountant/Class teachers Sign

Bus Fees

Sr.No.	Particulars of reminder	Accountant/Class teachers Sign

NOTEBOOK COMPLETION & SUBMISSION RECORD

Month	English	Hindi	Marathi	EVS/Science	Maths	Hist./Civics	Geog.	Comp.	Parent's Sign
April									
June									
July									
Aug.									
Sept.									
Oct.									
Nov.									
Dec.									
Jan.									
Feb.									

1. Class work / Home work not brought 2. Home work not done 3. Note book/Text book not brought
 4. Class work Notebook incomplete 5. Parents signature required.

**Note- Write encircled numbers in the column to explain the meaning of remark.
 Teachers to sign for every remark**

DISCIPLINE PROFILE

Days	Apr.	Jun	July	Aug	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

1. For late arrival of the students

2. For Uncut hair/nails of the student

3. For Improper uniform, torn shoes & socks of the student

4. Defaulter's (>3 remarks) parents will be called

Note – Write encircled numbers in the column to explain the meaning of remark

HEALTH CHECK UP

Ophthalmic Examination	Right	Left
Visual Activity		
Refractive Error		
Squint		
Ambilopia		
Fundus		
Vitamin A deficiency		
Any Other		

Diagnosis	Healthy/ Diseased	Surgical illness
Advice		

Doctors Name:

Date:

Sign

Upper												Upper	
	7	6	E 5	D 4	C 3	B 2	A 1	A 1	B 2	C 3	D 4		E 5
Lower												Lower	
	7	6	E 5	D 4	C 3	B 2	A 1	A 1	B 2	C 3	D 4		E 5

DIAGNOSIS	
Good Teeth	
Dental Decay	
Gingivitis	
Malaligned Teeth	
Habits	
Others	

ADVICE
Flouride Barnish/Pit & Fissure Sealant
Silver Filling/Extraction/Space Maintainer/Root Canal
Scaling/Curettage
Orthodontic
Quick Habits/Biopsy
Immediate Attention /Urgent Attention

Doctor's Name:

Date:

Sign

HEALTH CHECK UP

Age: - Height:- Weight:-

Significant h / o any present disease

H / o – Valine / Immunization

General Examination

Nutrition			
Orientation			
Vital parameters	P.R	R.R	B.P
Pallor/Icterus			
Oral Cavity	Teeth	Caries	Throat Tonsillitis/Paharyngitis
Ear,Nose	Otitis Media	Rhinitis	D.N.S
Congenital abnormalities	Skin, Hair,Nails		
	Spine		
	Vitamin deficiency signs		
Genital	Phimosis/Paraphimosis/Hypospadias/Undescended testis		

Systematic Examination

Respiratory System	Wheeze/Ronchi/Crepts/H.R.A.D	Y	N
Cardiovascular System	Murmur		
Central Nervous System	Memory Good	Y	N
	Poor M.R	Y	N
	Neurological deficit	Y	N
	Hepatomegaly	Y	N
Abdominal Examination	Splenomegaly	Y	N
	Umbilical Hernia	Y	N

DIAGNOSIS	Healthy/Diseased	Surgical Illness
ADVICE		

Doctor's Name:

Date:

Sign

Dental Check Up:-

Oral Cavity	
Good Teeth	
Dental Decay	
Misaligned Teeth	

Doctor's Name: _____ Sign: _____

Doctor's Advise:- _____

Time Table Of PT-I / UT-I

Date	Day	Time	Subject

Parent's Sign

Class Teacher's Sign

Time Table Of PT-II (Half Yearly Exam)

Date	Day	Time	Subject

Parent's Sign

Class Teacher's Sign

Time Table of PT – III / UT – II/ Prelim - I

Date	Day	Time	Subject

Parent's Sign

Class Teacher's Sign

Time Table of Annual Exam/Prelim - II

Date	Day	Time	Subject

Parent's Sign

Class Teacher's Sign

CLASS TIME TABLE

TIME		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		ASSEMBLY				
	1					
	2					
	3					
		SHORT BREAK				
	4					
	5					
	6					
		LONG BREAK				
	7					
	8					
	9					
	10					
		DAY ENDING PRAYER				

SCHOOL EXCURSION CONSENT

here by give my consent to my son/daughter/ ward to join the excursion arranged to

.....Onby the school.

I know that due care shall be taken however; I shall not hold the school responsible for anything untoward happening to my son/daughter/ward during the excursion.

Signature of Parent / guardian

Name of Parent / Guardian

Address

Phone

Student 's Name :

Std Div

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