

ACADEMIC PLANNER FOR THE SESSION 2024-2025

Days	Oct.	Nov.	Dec.	Jan.	Feb.	March
Wed				1		
Thu				2		
Fri		1		3		
Sat		2		4	1	1
Sun		3	1	5	2 Saraswati Puja	2
Mon		4	2	6 School Reopens	3	3
Tue	1	5	3	7	4 Cancer Day	4
Wed	2 Gandhi J	6	4	8	5	5
Thu	3	7 CHHATH PUJA	5	9	6	6
Fri	4 World Nature Day	8	6	10	7	7
Sat	5	9	7	11	8	8 Women's Day
Sun	6	10	8	12 Youth day	9	9
Mon	7	11 School Reopens	9	13	10	10
Tue	8	12	10	14	11	11
Wed	9	13	11	15 Makar Sankranti	12	12
Thu	10	14 Children's Day	12	16	13	13
Fri	11	15 Gurus J. Gurukul Nankh J.	13	17	14	14 Hol
Sat	12 Dussehra	16	14		15	15 Hol
Sun	13	17	15	19	16	16
Mon	14 School Reopens	18	16	20	17	17 School Reopens
Tue	15 World Food day	19	17	21	18	18
Wed	16	20	18	22	19	19
Thu	17	21	19	23	20	20
Fri	18	22	20	24	21	21
Sat	19	23	21	25	22	22
Sun	20	24	22	26 Republic Day	23	23
Mon	21	25	23	27	24	24
Tue	22	26	24	28	25	25
Wed	23	27	25 Christmas	29	26 Shiv Ratri	26
Thu	24	28	26	30	27	27
Fri	25	29	27	31	28	28
Sat	26	30	28			29
Sun	27		29			30 EID
Mon	28		30 Winter Break			31
Tue	29					
Wed	30					
Thu	31 Diwali					

Principal

Ideal International School
Daladali, Ranchi- 834005

IDEAL INTERNATIONAL SCHOOL

DALADALI, RANCHI

Mobile No.: 9570854255, 9693335665

SCHOOL TIMINGS

8:00 A.M. To 2:00 P.M.

VISITING HOURS OF PRINCIPAL

9.00 A.M. TO 11.00 A.M.

FEE COLLECTION

8:00 A.M. To 1:00 P.M.

SCHOOL MOTTO

Learners Today

Leaders Tomorrow

Sumbul Alam
Manager

Ideal International School
Daladali, Ranchi-835222

THIS DIARY MUST BE BROUGHT TO THE SCHOOL DAILY

PARENT'S DECLARATION

My Ward..... is a student of class
Section of your school. I will sign all his/
her leave applications, report cards or any other remarks entered in the Almanac.

In case I am unable to sign, I authorise the following person to sign on my behalf

Name

Address

Relation with the Student

Specimen Signature

Name of brother/Sister studying in this school :

(1) Adm. No.

Class Section

(2) Adm. No.

Class Section

Mode of Conveyance : School Bus / Cycle / P.V. / Walking / Others :

Please state whether the child will avail School Bus facility or come by own arrangement
If he/she is to avail school Bus facility please indicate the bus

Stop..... Bus No.....

Medical History of the Student (to be filled with facts by the parents/guardian(s))

- Any ailment suffered in the past.
 - Operation undergone on the past. If any specify.
 - Allergy for any medicine.
 - Any ailment for which child is on regular medication now.
- I have read the above and agree to abide by them and ensure the school authorities are informed to them.

Father's Signature

Mother's Signature

Guardian's Signature

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Days	April	May	June	July	August	Sept.
Thu					1	
Fri					2	
Sat			1		3	
Sun			2		4	1
Mon	1		3	1 Guru Purnima	5	2
Tue	2		4	2	6	3
Wed	3	1	5	3	7	4
Thu	4 Session Begins	2	6	4	8	5 Teacher's day
Fri	5	3	7	5	9	6
Sat	6	4	8	6	10	7 GANESH CHATURTHI
Sun	7	5	9	7 Rath Yatra	11	8 LITERACY DAY
Mon	8	6	10	8	12	9
Tue	9	7	11	9	13	10
Wed	10	8	12	10	14	11
Thu	11 Sarhul Puja	9	13	11 POPULATION DAY	15 Ind. Day	12
Fri	12	10	14	12	16	13
Sat	13	11	15	13	17	14 Karma
Sun	14 A. Jayanti	12	16	14	18	15
Mon	15	13	17 Bakrid	15	19 Raksha Bandhan	16 ID E MILAD
Tue	16	14	18	16	20	17 Vishwakarma
Wed	17 Ram Navm	15	19 School Reopens	17 Muharram	21	18
Thu	18	16	20	18	22	19
Fri	19	17	21 OLYMPIC DAY	19	23	20
Sat	20	18	22	20	24	21 PEACE DAY
Sun	21 Mahavir Jayanti	19	23	21	25	22
Mon	22	20	24	22	26 Janmashtami	23
Tue	23	21	25	23	27	24
Wed	24	22	26	24	28	25
Thu	25	23 Buddha Purnima	27	25	29 SPORTS DAY	26
Fri	26	24	28	26 KARGIL DAY	30	27
Sat	27	25	29	27	31	28
Sun	28	26	30	28		29
Mon	29	27		29		30
Tue	30			30		
Wed	31			31		

(9)

Sumbul Alam
Manager
Ideal International School
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Principal
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