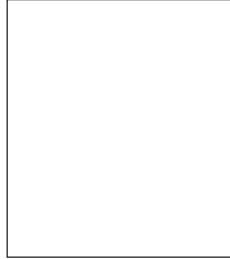




**ADMISSION FORM**

Admission No \_\_\_\_\_

Form. No \_\_\_\_\_



We, \_\_\_\_\_ and, \_\_\_\_\_ desire to have our son/daughter/ward whose particulars are given below to be admitted as a day scholar in your School:

**INFORMATION OF THE CHILD**

Last Name

First Name

Gender

 Male  Female

Date of Birth

Date of Birth in words

Class for which admission is sought

Religion

Nationality

SC/ST

 Yes  No

Languages known

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**RESIDENTIAL ADDRESS**

Tel.:
Fax.:

**CORRESPONDENCE ADDRESS**

Tel.:
Fax.:

Distance from school (in kms):  Preferred Phone Number for School SMS:

Emergency Contact Numbers /Mobile Nos.	Name of the person to be contacted	Relationship

**FAMILY INFORMATION**

Father/Guardian:


Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	



Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

Mandatory Documents

Aadhar Card No.	
SSSMID No.	
Bank Account No.	
 WahtsApp No.	

**SCHOOL**

(i) Previous School (if any) attended:

School tranfer certificate to be submitted in original

(ii) Detail of any Sibling 1 :

Name : .....Gender.....D.O.B.....

School:.....Class.....

Detail of any Sibling 2 :

Name : .....Gender.....D.O.B.....

School:.....Class.....

(iii) In-case of Staff ward:

Name of the Parent:

Areas in which you could contribute to enrich school life in terms of time, skills etc.

Please tick:

Cultural <input type="checkbox"/>	Medical <input type="checkbox"/>	Media <input type="checkbox"/>
Professional <input type="checkbox"/>	Sports <input type="checkbox"/>	Academics <input type="checkbox"/>
Outdoor activities <input type="checkbox"/>	Camps <input type="checkbox"/>	

The child should be 5yrs 10 months of age as on 1st June 2016 for Primary School.

**SIGNATURES**

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission and the cancellation of admission or expulsion.

I have read and do hereby consent to the term and conditions enclosed with the registration form.

Signature of Mother / Guardian

Signature of Father / Guardian

**FOR SCHOOL USE ONLY**

**Checklist:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Birth Certificate    | <input type="checkbox"/> Passport Copy                | <input type="checkbox"/> School Report  |
| <input type="checkbox"/> Transfer Certificate | <input type="checkbox"/> Passport sized Photographs   | <input type="checkbox"/> Medical Form   |
| <input type="checkbox"/> Transportation Form  | <input type="checkbox"/> School Parent Agreement Form | <input type="checkbox"/> Admission Fees |

**Information about Student**

Scholar No. ....

Class: ..... Section: ..... House Allotted: .....

Principal Remarks .....

.....

Date: .....

Signature of Principal