

- Blood Group Height (in cms) Weight (in kgs)
- Any Chronic disease the child is suffering from _____
- Category: General/SC/ OBC School Transport required : Yes No
- Whether a disabled child Yes No
if yes, mention the type of disability _____
- Co-curricular Activities: Sports _____ Stage _____
- Any other interest _____
- Particulars of Parents/Guardian

S No	Relationship	Qualification	Occupation	Designation & Place of work	Annual Income (Rs)	Phone No
1	Mother					
2	Father					
3	Guardian					

- Details of real brother (s) sister (s) studying/studied in this school

S No	Name	Class & Sec	Year

- Previous Education

School Last Attended	Board	Medium of Instruction	Class last attended	Result

- Particulars of the Guardian, if any

Name	
Relationship	
Address	
Telephone No (with STD code)	
E mail Address	
Mobile No	

• **Permanent Address**

House No. _____ Colony _____

Village/ Town _____

District _____ State _____

Pin code

Tel No Mobile

• **Correspondence Address**

House No. _____ Colony _____

Village/ Town _____

District _____ State _____

Pin code

Tel No Mobile

E-mail

DECLARATION BY PARENTS/GUARDIAN

- My/ our child & I/we have gone through all the rules & regulations given along with the prospectus & shall abide by them throughout the child's stay at the school
- I/we hereby submit that the date of birth, spellings of name & other details furnished in this form are correct to the best of my/our knowledge & I/we shall not request for any change later on
- I understand that the school reserves the right to alter, delete & change its rules & regulations at any time without any prior notice and the same shall be applicable on me/us
- I shall deposit all the fees & other dues on time & shall not claim back the once deposited fee even if my/our child leaves the school or is expelled from the school on disciplinary grounds
- I further declare that in case of any mishap/accident/illness occurring to my/our ward during his/her participation in any academic/cultural/sports activity, no legal suit/claim shall be initiated by me/us and I shall bear all the expenses in such a case
- I/we shall keep myself/ourselves abreast of the child's academic progress by attending the Parent Teacher Meets (PTM's) punctually.
- I/we shall not blame the school for any complications that my/our child may develop during his/her stay on the campus on account of some chronic disease

Father's Signature

Mother's Signature

Guardian's Signature

Date _____

Date _____

Date _____

(FOR OFFICE USE ONLY)

Admission No _____

Date _____

(To be granted after receipt of requisite documents)

Class & Section allotted _____

DESCRIPTION OF DOCUMENTS RECEIVED

S No	Type of Document	Submitted by (Parent's Signature with date)	Received by (Signature of Admission clerk with date)
1	• DOB Certificate		
2	• TC/S L C		
3	• Board's Registration Card		
4	• Migration Certificate		
5	• Photocopy of Report card (previous class)		
6	• Any other document		

PRINCIPAL'S APPROVAL

Admission Granted to Class _____

Signature _____

Date _____

School Seal