



Affix recent stamp size photograph (Mother)

Affix recent stamp size photograph (Father)

REGISTRATION FORM 2017-2018

Affix recent stamp size photograph (Child)

FOR OFFICE USE Only	Registration No. _____
Admission to Class: _____ Admission No.: _____	Date of Admission: _____

Fill the form in CAPITAL LETTERS.

ADMISSION FOR CLASS: _____

1. Name of the Child: Ms/Master _____

Gender: Male Female

First Born Child Second Born Child Third Born Child

2. Date of Birth (in figures): DD MM YYYY

(in words): _____

3. Nationality: _____ Mother Tongue: _____ Religion _____

4. Residential Address: _____

Pin Code: _____ Residence Phone: _____

Father's Mobile No. _____ Father's Email ID. _____

Mother's Mobile No. _____ Mother's E mail ID. _____

(Point no.1-4 will be used for official communication and records)

5. Name of the school last attended with date of admission: _____

6. Reason for leaving: _____

7. Details of the Parents Father Mother

	Father	Mother
Name : (As used in all official Documents)		
Qualification:		
Occupation :		
Name of the Organization:		
Designation:		
Office Address:		
Off.Tel.No. (Landline)		

8. Sibling (real brother/sister only): Yes No

If sibling studying in the same school, give details:

Name _____ Adm. No. _____ Class & Sec. _____

9. School Alumni: *If yes, also mention year of passing*

(Tick the appropriate)

a) Father/ Mother Yes _____ No _____

10. Other Details

a) Would like to avail the following facilities :

➤ School Transport Yes No
➤ Mid-Day Meal * Yes No
➤ Day Care Facility (up to 10 yrs) Yes No

*Mid-day Meal for Nursery class is mandatory.

b) Person to be contacted for emergency [*mention details other than the one provided in point no.4*]

Name : _____ Phone Nos.: (Mobile) : _____

Address : _____ (Res.) : _____

_____ (Office): _____

Photocopy of the documents mentioned from 1-7 are essential to be attached with the Registration Form at the time of submission. All the documents to be self attested.

1. Birth Certificate issued by the Municipal Corporation.
2. Proof of Residential Address (for the address mentioned in Sl.no.4)
3. Proof of Organization of Parents
4. Report Card of the last examination.
5. Proof of Sibling/Alumni
6. Copy of Immunization Record
7. Medical Certificate
8. Transfer Certificate (original to be submitted only after the confirmation of admission)

(Issue of Registration Form does not guarantee the admission of your ward. Incomplete form will be rejected.)

Declaration

1. I/we have made a careful note of the details regarding payment of school fees.
2. I/we hereby certify that the date of birth and spellings of the name of my/our ward given in this form are correct.
3. I/we hereby certify that my/our ward and I/we shall follow all the rules and regulations and procedures laid down by the school.
4. I/we understand that the fees may increase according to the increase in living index as per the decision of the school management.
5. I/we also understand that registration/short listing does not guarantee admission of my/our ward.

I/we hereby certify and confirm that the above declarations and all the details provided by me/us are correct and complete. In case, the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process.

Signature of the Mother : _____ Signature of the Father : _____

Name : _____ Name : _____

Date of submission : _____ Date of submission : _____



SALWAN PUBLIC SCHOOL

ISO 9001:2008 Certified Institution

STUDENT MEDICAL RECORD

Affix recent
stamp size
photograph
(Child)

Name of the Child _____ Gender: Male/Female

Date of Birth _____ Class _____ Blood Group _____

Kindly tick (✓) for which the child has been vaccinated:

Vaccines	Please tick (✓)	Mention the date of Vaccination
BCG		
Polio		
DPT		
Tetnus		
Measles		
MMR		
Typhoid		
Hepatitis A		
Hepatitis B		
Chicken Pox		
Other DPT Booster/DT Booster		
Swine flu		

Please tick, if the child has any of the following:

<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Asthma, Breathing Difficulties
<input type="checkbox"/>	Congenital Abnormalities
<input type="checkbox"/>	Hearing Difficulties
<input type="checkbox"/>	Bleeding Disorder
<input type="checkbox"/>	Kidney/Urinary Infections Stone
<input type="checkbox"/>	Skin Condition
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	H/o Chronic Fever

<input type="checkbox"/>	Convulsions/Epilepsy/Fits
<input type="checkbox"/>	Frequent Headaches
<input type="checkbox"/>	Ear Infections
<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Orthopedic Problems
<input type="checkbox"/>	Anemia
<input type="checkbox"/>	Visual Problems
<input type="checkbox"/>	Hair lice/ Body Lice

Past History: Mention and attach the details for any of the above ailments or surgery.

- Is the child on any regular medication Yes/No
(If yes, give details) _____
- Has the child undergone any surgical procedure Yes/No
(If yes, attach the details) _____

Is Your Child with Special Needs: Yes (Enclose Authenticated Documents) No

I _____ certify that the information given above is correct and complete.

Signature of the Mother: _____

Signature of the Father: _____

Date: _____

Date: _____