

Student Application Form



Be the source of knowledge



BUILDING ON THE LEGACY OF
THE SHRI RAM SCHOOL
IN ACADEMIC COLLABORATION WITH
SHRI EDUCARE LIMITED



CBSE Affiliation
No. 2730773



International Dimension
in Schools 2019-22



STUDENT PROFILE

Please affix a recent color photograph of the child

Registration for admission to class : Session :

First Name : Surname :

DOB :

Gender : ☐ Male ☐ Female

Nationality :

Category : ☐ General ☐ SC ☐ ST ☐ OBC

Aadhaar Card No. :

Blood Group :

Age as on March 31st of the Admission Year :

First Born Child : ☐ Yes ☐ No

Transfer Case : ☐ Yes

☐ No

If Yes City/Country :

Staff/Alumni's Child : ☐ Yes

☐ No

Last School Attended	Grade/Year	Academic Year	Curriculum	% in last class	Location

English Proficiency : ☐ Beginner ☐ Fluent CBSE BOARD / CAMBRIDGE BOARD

Medical Information

Speech / Hearing impairment or any other medical issue. ☐ Yes ☐ No

Does the child need additional attention? If Yes, attach relevant documents.

Has your child repeated a school year ☐ Yes ☐ No

Has your child been on the gifted or talented register ☐ Yes ☐ No

Has your child been diagnosed with any food allergies ☐ Yes ☐ No

Does your child have any ongoing medical conditions or allergies? ☐ Yes ☐ No

If you have answered yes to any of the above questions, please submit relevant documents

Instructions

1. Please submit self attested copies of the following along with the form (Tick the same as under)

- | | |
|--|--|
| ☐ Proof of date of birth | ☐ Proof of single parent, first born child (If Applicable) |
| ☐ Parents Transfer order copy (If Applicable) | ☐ Report Card of previous class (For admission in Class I onwards) |
| ☐ Certificate of category (If Applicable) | ☐ Transfer Certificate from previous school(For admission in Class I onwards) |
| ☐ Proof of residential address (Passport/Aadhar card//Latest Electricity/MTNL Bill/Voter ID Card) | |

2. Please note, school uses activity photographs & videos on its website and social media pages which may include your ward.

3. Incomplete Registration Form will be rejected without any communication.

How did you come to know about the school

- | | |
|---------------------------------------|--|
| ☐ Newspaper | ☐ Friends/Relative |
| ☐ Social Media | ☐ Siblings |
| ☐ Hoardings | ☐ If any other Please Specify |

FAMILY PROFILE

MOTHER/GUARDIAN	FATHER/GUARDIAN
Name :	Name :
DOB :	DOB :
Qualification :	Qualification :
Aadhaar Card No. :	Aadhaar Card No. :
PAN No. :	PAN No. :

Mob No. : Telephone : Mob No. : Telephone :

Email : Email :

Nationality : Occupation : Nationality : Occupation :

Company Name : Designation : Company Name : Designation :

Office Address : Office Address :

Residence:HouseNo.: Floor :

..... Pin Code :

Distance From School : Nearest Landmark :

Particular of Children/Siblings

S No.	Name of Child	Age	School Name	Class	Stream/Board
1.					
2.					
3.					

Undertaking

I,.....father/mother of have read all the instructions and certify that the information furnished in the form is authentic and factually correct. Admission of my child may be cancelled in case of any of the filled information is found incorrect.

Signature of Father Signature of Mother Signature of Guardian Date :

Place :



OFFICE USE PAGE

Registration Documents Submitted

Photographs-Parents/Guardians	☐ Yes	☐ No	Photograph-Student	☐ Yes	☐ No
Previous Report Card	☐ Yes	☐ No	Transfer Certificate(If Applicable)	☐ Yes	☐ No
Passport Copy-Student	☐ Yes	☐ No	Passport Copy-Parents	☐ Yes	☐ No
Aadhar Card	☐ Yes	☐ No	Parent Voter ID Card(s)	☐ Yes	☐ No
Latest Electricity Bill	☐ Yes	☐ No	Latest MTNL Bill	☐ Yes	☐ No
Medical Fitness Certificate	☐ Yes	☐ No	Immunization Record	☐ Yes	☐ No
Birth Certificate	☐ Yes	☐ No	Certificate of Category (If Applicable)	☐ Yes	☐ No
Proof of single parent	☐ Yes	☐ No	Proof of first born Child	☐ Yes	☐ No

Registration Fees Paid : ☐ Yes ☐ No

All the documents verified by : Name : Signature : Date :

Admission Accepted : ☐ Yes ☐ No

If Yes:

Admission Granted on : ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ in Class : Section : Admission number allotted :

If No:

Reason for not acceptance :

Full Fee deposited ☐ By Cheque ☐ By Draft No. : Dated :

Receipt No :

Signature of accountant

Principal Signature



ACKNOWLEDGEMENT SLIP

Form No :

Name of child :

Class to which admission is sought

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please affix a recent color photograph of the child

Registration Does Not Guarantee Admission

Admission Incharge