SAIBALAJI	PUBLIC SCH	IOOL
Admis	ssion Form	Date:
S. No	G.R. N	0
I am seeking Admission for my ward in grade in your school.		
1. Pupil's Full Name: Mast. / Miss.		
(Block Letters) Sur	name Middle Nam	e Pupil's Name
2. Date of Birth (Figures):/ (Words)	//	
3. Place of Birth:	District:	State:
4. Nationality:	Religion:	Caste:
5. Father's Full Name:		
Qualification: Monthly Income: Rs		ation:
Name of the Organization & Addres		<u></u>
Mobile No. :	Tel. No. :	
E-mail:		

Qualification:	Designati	on:
Monthly Income: Rs	-	
Name of the Organization & Address: _		
	11/1	
Mobile No. :	Tel. No. :	
E-mail:		
7. Residential Address:		
8. Last School Attended:		
Town / City: Dis		State:
10wii / CityDis		State:
9. Siblings studying in this School:		
Name: 1)	Grade:	Div:
2)	Grade:	Div:
10. Mother Tongue:	1	
11. Any Identification mark on the body I hereby declare that I shall co - operate		orities and abide
by all the rules & regulations of school		
to the best of my knowledge.		
CONTRACTOR - CONTRACT		
Father's Signature		Mothor's Signatur
ramer s Signature		Mother's Signatur

For Office Use Only		
Mst. / Ms Age: Months: Is given provisional / Regular Admission in Grade: Div.: on / / 20		
Document Received: 1. Original Birth Certificate 2. Original School Leaving Certificate (For Grade 2 Onwards		
 Original School Leaving Certificate (For Grade 2 Onwards) Photocopy of Previous Years Report Card Adhar card of Parents Adhar card of Student Address proof 		
 7. Passport size photos 4 8. Family photo 9. Fitness certificate 10. Cast certificate if applicable 		
Authorized Signatory Principal		

EMERGENCY RECORD

Name of Child:		
	(Surname)	(First Name)
Date of Birth:	He	ealth Care Number:
Blood Group		
Parent(s):		
Mother's Name:	10.0	
	(Surname)	(First Name)
Phone: (home)		(work)
Father's Name:	118	
	(Surname)	(First Name)
Phone: (home)		(work)
Doctor:		
Name:		Phone:
Clinic/Practice:		
	1	
Allergies and / or medical cond	itions:	
201	11	
1111.0		

PARENTAL CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

Name of Child _____

Date _____

If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand this may involves calling a physician or nurse, carrying out the instruction given and / or transporting my child to a hospital or nursing station, including the possible use of an emergency vehicle.

Parent's Signature

Centre Director or Day Home Operator Signature

PERMIT NUMPER

Fees Rules and Regulations

- Fees once paid are not transferable / adjustable or refundable under any circumstances after the start of the school.
- No student will be allowed to sit for the First term or the II Term examination unless all School bills have been cleared.
- Once the admission, registration/form and annual fee have been paid that will not be refunded even if the pupil/pupils are withdrawn.
- Parents and guardian will kindly save the receipt issued to them and produce them in proof of payment of fee, if needed.
 - 1. In case of any admission during the mid-session, the preceding two fee installments shall be payable.
 - In case of any withdrawal during mid-session, the upcoming two fee installments shall be payable before the Transfer Certificate is issued.
- The above two rules also apply to any other add-on fee.
- Fee to be paid on or before 10th of the installment month. Parents who are irregular in paying fee are liable to a fine of Rs. 500/- per installment.

PRODUCTS COLOCE

Parents Sign / Date