

Admission Form



No. _____

Registration No. _____

Date. _____

FATHER'S
PHOTOGRAPH

MOTHER'S
PHOTOGRAPH

CHILD'S
PHOTOGRAPH

ISSUE OF REGISTRATION FORM DOES NOT GUARANTEE ADMISSION AS SEATS ARE LIMITED.

Please register the name of my son/daughter/ward for the admission in your school.

1. Admission sought to Class _____ Session _____
2. Child's Name in English (Block Letters) _____
Child's Name in Hindi _____ Gender _____
3. Date of Birth (in words and in figures) _____
Age on last Birthday _____
Age on 31st March 2015 _____ Years _____ Months _____ Days
Blood Group of the Child _____ Identification Mark _____
Mother Tongue of the Child _____
4. Nationality of Child _____ Religion _____ Category _____
5. Father's Name (Block Letters) _____
Occupation _____ Designation _____
Company's Name _____
Address _____ Phone (Office) _____
6. Academic Qualification _____
Mobile No. _____ E-mail _____
Mother's Name (Block Letters) _____
Occupation _____ Designation _____
Company's Name _____
Address _____ Phone (Office) _____
Academic Qualification _____
Mobile No. _____ E-mail _____

N.B.

- (Applicable for classes IIIrd onwards)**

[illegible]

8. Particulars of all real brothers/sisters studying in Skywings International School, Bhadra

Name of Child	Admission No.	Class/Section	School Branch

9. DECLARATION :

- i) I understand that the registration fee is non-refundable & I fully understand that Registration is not a guarantee for admission. Admission is granted only when there is an existing vacancy and the child fulfils the eligibility criteria.
- ii) In case my child/ward is admitted, the school may make arrangements for inoculation against Typhoid and Cholera & vaccination against Small Pox to my child from the school doctor.
- iii) I have made a careful note of the various details regarding the payment of school fees. I have made satisfactory arrangements for remittance of school fees within due date without waiting for a reminder from the school. I will pay the school fee through crossed Cheques / Drafts in favour of Skywings International School, Bhadra, as per rule. Withdrawal of students after remittance of full fee in school account would be the sole discretion of guardian. I fully understand that if a child is withdrawn after paying the full fees, the fees will not be refunded.
- iv) I hereby certify that the Date of Birth & spelling of the name of my child / ward given in this form are correct to the best of my knowledge and I shall not make any request for change.
- v) I hereby certify that in case I do not claim the Caution money paid by me for a period of three years after my ward leaves the school, the amount may be treated as a donation to the school and my right over the refund of this amount will stand relinquished by me.
- vi) I understand that rendering false or misleading information or withholding correct information may disqualify the child for admission/education at this school.
- vii) I certify that I am a bonafide guardian of the child.
- viii) Having carefully read the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ ward educated in Skywings International School, Bhadra, I hereby school shall be final, binding and acceptable to me.
- ix) I hereby certify that my child / ward and myself follow all the rules, regulations decision of laid down by school from time to time.
- xi) I hereby put my signature of confirm the above declarations.

Date_____

Signature_____

Place_____

Name in full(BlockLetters)_____

Address_____

For office use only



Transfer Certificate : Received/Not Received

If receive, TC No. _____ Date _____ School _____

Passport size photographs (Two copies) received or not received _____

Medical Officer's Report : Submitted or not Submitted _____

Other Documents, if any _____

Admission No. _____ Class _____ Section _____ House _____

Admission Clerk _____

Date _____

Admission Fee Rs. _____ Tuition Fee Rs. _____

Caution Money Rs. _____ Computer Fee Rs. _____

Annual Fee
(Activity Charge) Rs. _____ Bus Fee Rs. _____

Others Rs. _____

Total Amount Received Rs. _____

Receipt No. _____ Date _____

Signature of A/c Clerk/Manager - Accounts

Date _____

Approved / Not Approved

Class Rep./Teacher'sSignature/Manager - Admissions

Principal's/Management Head's Signature