Admission Form

Academic Qualification_



No.								
Regis	tration No	FATHER'S	MOTHER'S	CHILD'S				
Date.		PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH				
ISSUE	OF REGISTRATION FORM DOES N	OT GUARANTEE ADMI	SSION AS SEATS ARE L	IMITED.				
	e register the name of my son/dau							
1.	Admission sought to Class			•				
2.	Child's Name in English (Block Le							
	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	Identificatio	n Mark					
	Mother Tongue of the Child							
4.	Nationality of Child							
5.	Father's Name (Block Letters)							
	Occupation	Designation						
	Company's Name							
	Address							
6.	Academic Qualification							
	Mobile NoE-mail							
	Mother's Name (Block Letters)							
	Occupation	Designation						
	Company's Name							
	Address		Phone (Office	e)				

Mobile No. ______E-mail _____



7.	Guardian's Name (Blo	ck Letters)							
	Occupation		Designation						
	Company's Name								
			Phone (Office)						
	Academic Qualification	n							
	Mobile No		E-mail						
	a) Home Town		State						
	b) Address : (Perman	ent)							
	7 .	<u>.</u>	City			_State		•	
	Phone No	E-mail	E-mail						
	Address : (Present)								
	7 <u>1</u>		City			State		<u></u>	
	Pone No		E -1	mail					
N.B.									
_•	Attested photocopy of Mith this form, by thos (Applicable only for Nur	se seeking admiss		-	-			•	
2.	At the time of admission photographs will be sub	o .		om the Mu	ınicipal (Corporation	n & two p	assport size	
3.	Other than Class Nurse Certificate in Original fr		· · · · · · · · · · · · · · · · · · ·		be treat	ed as com	plete un	til Transfer	
4.	Certificate required for	proficiency in Gam	ies, Co-curi	rcular/Ou	ıtstandin	gAchieven	nents, If a	any	
	a) Name of previous school								
	b) Class in which he/she was studying in the last school								
	c) Position obtained in the last examination in the previous school								
	out of In year								
	d) Medium of instruction in previous school (English/Hindi)								
	e) Proficiency in games/co-curricular/outstanding achievements (if any)								
	f) Details of marks in %	grade obtained in	thelastan	nualexan	n				
(App	licable for classes IIIr	d onwards)							
Engl	lish Maths Hindi	Phy. Chem.	Blo.	History	Civics	Geography	Arts	Any Other Subject	



8. Particulars of all real brothers/sisters studying in Skywings International School, Bha	8.	Particulars of all	l real brothers/	sisters study	ying in Sk	cywings Inter	national Schoo	l, Bhadra
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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 many 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 fo 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 ful(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 ____ Tuition Fee Rs. _____ **Admission Fee** Rs. _____ Computer Fee Rs. _____ Rs. _____ **Caution Money** Rs. _____ Bus Fee **Annual Fee** Rs. (Activity Charge) **Others** Rs. _____ Rs. **Total Amount Received** Receipt No. _____ Date _____ Signature of A/c Clerk/Manager - Accounts Class Rep./Teacher's Signature/Manager - Admissions Date _____ Principal's/Management Head's Signature

Approved / Not Approved