

KIDS' FOUNDATION SCHOOL

Affiliated to the Central Board of Secondary Education, Delhi
School No. 05860, Affiliation No. 2230017
Alubari/Chongkham, Namsai District, Arunachal Pradesh- 792102

APPLICATION FORM FOR ADMISSION TO SCHOOL

(Fill up the form in Block Letters)

1. Name of the Candidate: _____
2. Sex (Male/ Female): _____
3. Class in which admission is sought: _____
4. Category: Day Scholar Day Boarder Boarder
5. Bus facility required: Yes No
6. If yes, mention pickup point: _____
7. Date of Birth: _____/_____/_____ (dd/mm/yyyy) (Enclose Birth Certificate)
8. Mother's Name : _____
Occupation : _____
Mobile No. : _____
Email address : _____
Annual income : ₹ _____ (If in service)
9. Father's Name : _____
Occupation : _____
Mobile No. : _____
Email address : _____
Annual income : ₹ _____ (Mandatory)
10. Permanent Address: Village/Town _____
P.O: _____ PS: _____
District: _____ State: _____
Pin: _____
11. Correspondent Address: Village/Town _____
P.O: _____ PS: _____
District: _____ State: _____
Pin: _____
12. Local Guardian's Name: _____
Relationship : _____
Address : _____
Occupation : _____
Mob No. : _____
Email address : _____
13. Nationality : _____
14. Religion : Hindu Muslim Christian Buddhist
Others _____ (Mention the religion)
15. Caste : General SC ST OBC Others
(Supported by Caste/Tribe Certificate)
16. Aadhaar Card No. : _____ (Mandatory)
17. Student's Bank Account No. : _____ (Mandatory)
18. Please fill up for change of school:
 - a) Name of the institution last attended: _____
 - b) Medium of Instruction: _____
 - c) Whether the school is recognized: _____ d) Name of the Board: _____
 - e) Result of the last examination: _____
(State Pass/Fail with Percentage of Marks) : _____
 - f) No. and Date of TC enclosed: _____

Undertaking and Payment Mode

Mode of payment:

- | | | |
|------------------------------|----------------------|---------------|
| 1. Day Scholar & Day Boarder | Monthly | Bank |
| 2. Boarder | Monthly or Quarterly | Bank and Cash |

1. I hereby declare that, I will pay the fees within due date. If I fail so I am bound to pay the fine as par the rule of the school. The school may take any disciplinary action against my ward in this regard.

Signature of Parents

DECLARATION BY FATHER/ MOTHER/ GUARDIAN:

I hereby declare that the information furnished in the application above are true and correct to the best of my knowledge and belief. I further declare that my son/ daughter/ ward will always obey the rules and regulation of the institution, failing which any action can be taken against him/ her as deemed fit and proper by the authority.

The date of birth mentioned is correct and I shall not approach any authority to get the same changed in future (only for those who could not produce the birth certificate).

Place:

Date:

Signature of Father/ Mother/
Guardian with Full Name

DECLARATION BY THE STUDENT

I do hereby declare that I shall always maintain the discipline in and outside the school, obey my teachers, maintain cordial relations with other fellow students and shall never take in any activity which may bring bad name to the institution. I also affirm that I shall always obey the rules and regulation of the school failing which the school may take any action against me as deemed fit and proper.

Signature of the Student

FOR OFFICE USE ONLY

Shri/ Chow/ Miss/ Nang _____ is allowed/ not allowed for admission in Class _____ Section _____.

Date: _____

Signature of the Head of the Institution

ACTION BY THE OFFICE

The necessary entries have been made in the School Admission Register Volume _____ against admission Serial No. _____ Dated _____ at Page no. _____.

Signature of the Office Assistant
Name: _____

ACTION BY THE CLASS TEACHER

The name of _____ admitted in Class _____ has been entered in the class attendance register against Roll No. _____.

Signature of Class Teacher
Name: _____

Medical Information

(Mandatory for Boarders)

1. Name of the student : _____
2. Father's Name : _____
3. Sex : _____
4. Weight : _____
5. Height : _____
6. Blood Group : _____
7. Do your ward suffered/ suffering from any Critical disease (Malaria/ Asthma/ Typhoid/ Jaundice/ Others. If yes, mention the disease: _____
8. Allergic to: _____

Certificate from Doctor

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This is to certify that _____ was examined by me and found him/her in sound health/ill health. He/ She is eligible/not eligible for admission in your boarding school.

I wish him/ her all the success in life.

Signature of MO

Name:

Designation:

Official Seal :