



SHEALING KIDS

Date: / /

Shealing Park, Infront of Kishore Sagar Talab, Chhatarpur (M.P.)

ADMISSION FORM

SESSION 20__-20__

Reg. No. /

Admission No. _____

Admission sought as Boarder

Day Boarder

Day Scholar

Admission sought for Class _____ Year 20__ Date of Admission _____

General Details :

1. Name of the Candidate:

2. Date of birth: Age (Years) (Months) Blood Group _____

Put a Tick Mark (aA) in the appropriate box

3. (a) Sex Boy Girl (b) Category Gen SC ST OBC Others

4. (a) Place of Birth (b) District (c) State

(d) Caste (e) Religion (f) Nationality

5. Details of Previous School Last Attended

a) Name of the School

b) Class c) Year

6. Family Details

Father

Mother

(a) Name	<input type="text"/>	<input type="text"/>
(b) Address	<input type="text"/>	<input type="text"/>
(c) Qualification	<input type="text"/>	<input type="text"/>
(d) Occupation	<input type="text"/>	<input type="text"/>
(e) Mobile No.	<input type="text"/>	<input type="text"/>
(f) Tel No. (Off.)	<input type="text"/> (Res.) <input type="text"/>	<input type="text"/>

7. Details of any brother or sister (not cousins) studying in Shealing Group School.

(a) Name Class

(b) Name Class

UNDERTAKING BY PARENTS/GUARDIANS

I understand that my son/daughter/ward is granted admission to Shealing kids on the following Terms & Conditions :

- 1- That I will submit all necessary papers as demanded by the School within 15 days of his joining the school.
- 2- That I'll deposit my ward's fees as per schedule. If it is not paid within the time given then I undertake to pay the late fees/penalty on the fees amount. Also, if the fees are not paid for more than three months, then the school authorities can cancel my ward's registration.
- 3- That parents/guardians/visitors will not be allowed to meet ward during school hours. However, in special circumstances, meeting will be allowed by the Principal or Managing Director.
- 4- That the school will do its best to provide normal medical aid, but will not be held responsible for any accident or mishap beyond control.
- 5- That the school does not take responsibility for escorting my son/daughter/ward to and from their homes, the school only provide the transportation if needed, after paying adequate fees.
- 6- That taking all the examinations conducted by the school is compulsory for my ward.
- 7- That I am authorizing the Managing Director to take necessary action in case of any emergency, e.g. surgical operations or any other such situations where my permission is needed but cannot be obtained in time.

Date :

Name of Son/Daughter/ward _____ Signature of Parent/Guardian _____

FOR OFFICE USE ONLY

Name of the Child _____	Date of admission : _____
Father's Name _____	Document checklist
Mother's Name _____	Birth Certificate or TC (Original) Yes No
Contact person _____	3 Stamp Size Photos Yes No
Contact Number: 1) _____ 2) _____	2 Passport Size Photos Yes No
Class Allotted : _____ Reg. No. _____	Last Class Mark Sheet (Photocopy) Yes No
Type : Scholar/Day Boarder/Hosteller Bill Book/Card No. _____	
Fees paid for (months) : _____ Date of Payment : ____/____/20__	
Transportation opted : Yes No	
If Hostlers and Shealing Nest Token No. _____	Sign of Acc. Sign. of Principal