

Admission No.



Form No.....

# RAO LAL SINGH PUBLIC SCHOOL, SIDHRAWALI

## ADMISSION FORM

(All details to be filled in BLOCK LETTERS)

Session: .....

Class: .....

Paste a passport  
Size  
Photograph  
of the child

### Particulars of the child

- Name of the child:.....
- Date of Birth :  Gender (✓) : Male ☐ Female ☐
- Age as on 31<sup>st</sup> March 20.....      ..... Years      ..... Months
- Residential Address: .....  
.....
- Parent information :

	Father	Mother
Name		
Academic Qualifications		
Mobile Number		
Email id		
Occupation		
Office name & Address		

- Has your child been enrolled in any School/pre-School in the previous academic year? (yes/No):  
If yes, mention the name of the school and the class in which he/she was enrolled.....  
.....

7. Please indicate (✓) if you require transport facility for your child:      yes ..... No .....

8. Sibling information :

	Sibling 1	Sibling 2
Name		
Age		
Gender		
Current School		
Current Grade		
Have you also applied for sibling s admission	Yes..... No .....	Yes..... No .....

9. Subject offered for XI and XII

I. ....

IV. ....

II. ....

V. ....

III. ....

VI. ....

10. Admission form Checklist :

The admission form should be duly filled and submitted along with the following documents to the school within three days from the date of issue of this form.

- One passport size photograph of the child
- Self attested copy of birth certificate issued by the Municipal Committee/ Municipal Corporation
- Self attested copy of residence proof
- Copy of the progress report from the previous school (if applicable)
- Transport certificate of the previous school( if applicable)
- Self attested copy of Aadhar card

### DECLARATION

I, ..... Father/Guardian of ..... Seeking admission to class ..... do hereby declare that the information given above is correct to the best of my knowledge. I also declare that I shall be responsible for all the dues and the behaviour of my ward and shall withdraw my ward if he/she does not come up to the mark in studies/ conduct. I also agree that the school is in no way responsible for any loss (physical or otherwise) caused to my child in school.

Date.....

Full Signature of father/Guardian

(Name.....)

Recommendation of convener (Admission Committee)

PRINCIPAL

Receipt No. :

Date:

Amount:

Signature of Accountant/Cashier