



# Saint Soldier International School

Sector 28 B, Chandigarh (UT), India-160002. Phone: 0172-5024737, 5024738, Fax: 5024739

Affiliated to C.B.S.E New Delhi Affiliation No : 2630040

Form No .....

## FOR OFFICE USE ONLY

Date of Submission of Form..... Class..... Admission No. ....

## APPLICANT'S DETAILS

Name \_\_\_\_\_

Class to which admission sought \_\_\_\_\_

## INSTRUCTIONS REGARDING ADMISSION

- Parents of students seeking admission to school must submit this form, duly completed, at the school office between 09:00 AM and 01:00 PM attached with the documents listed below:
  - Copy of the applicant's Birth Certificate  
**(Ward and parent's names must be according to the Birth Certificate only.)**
  - Copy of Proof of Residence  
**(Passport/ Electricity Bill/ Electoral Card/ Rent Agreement/ Aadhaar card)**
  - Copy of Report Card of previous class
  - Copy of Transfer Certificate
  - Blood group report
  - Certificate of SC/ST/OBC (if applicable)
  - Copy of Aadhaar Card (optional)
- Application for registration fee is non-refundable and does not in any way guarantee admission, Parents are requested to clarify any doubt(s) before making payment.
- Incomplete forms, or those filled with wrong information, may be rejected.

**No change in the names of Students, Mother or Father, including change in spelling, addition or subtraction of Surname or the age of the student will be allowed.**

## ACKNOWLEDGEMENT SLIP

Form No.....

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Date of submission of form \_\_\_\_\_

Signature

**(Depositing this form does not confirm the seat)**





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## APPLICATION FORM

Admitted to Class: \_\_\_\_\_ Section: \_\_\_\_\_ House Allotted: \_\_\_\_\_ Reg. No. \_\_\_\_\_

Received Sum of Rs. \_\_\_\_\_ Accountant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature \_\_\_\_\_

## APPLICANT'S DETAILS

Name: \_\_\_\_\_

Date of Birth: (Date) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Gender: Male  Female  Religion: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

Previous School: \_\_\_\_\_ Class: \_\_\_\_\_ Year \_\_\_\_\_

Category: SC  ST  OBC  General  Blood Group \_\_\_\_\_  
(Please Attach the Certificate)

Physically Challenged: (Please tick) N.A.  Blind  Dyslexic  Spastic  Others   
(Please Attach the Certificate)

Aadhaar Card Number of Students \_\_\_\_\_

Mother Tongue of the Student \_\_\_\_\_

Paste one latest Photograph of Student

## PARENT/GUARDIAN INFORMATION

### Mother/Female Guardian:

Name \_\_\_\_\_

Occupation (Govt./Pvt/Business) \_\_\_\_\_

Company/Department Name \_\_\_\_\_ Designation \_\_\_\_\_

Res. Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address (mandatory) \_\_\_\_\_

Paste one latest Photograph Of Mother / Female Guardian

### Father/Male Guardian:

Name \_\_\_\_\_

Occupation (Govt./Pvt/Business) \_\_\_\_\_

Company/Department Name \_\_\_\_\_ Designation \_\_\_\_\_

Res. Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address (mandatory) \_\_\_\_\_

Paste one latest Photograph Of Father / Male Guardian

**SIBLING INFORMATION**

Name of Sibling	Class	Section	Adm. No.

**FAMILY INFORMATION**

- Student lives with:       Both parents       Mother       Father       Other
- Legal Custody :       Both parents       Mother       Father       Other
- Correspondence to       Both parents       Mother       Father       Other
- Check if appropriate :       Father Deceased       Parents Divorced       Father Remarried
- Mother Deceased       Parents Separated       Mother Remarried
- Parents living outside India

**HEALTH HISTORY OF APPLICANT**

Allergy to any	food	Any other

Does the child have any problem during physical activity \_\_\_\_\_

**CONVEYANCE INFORMATION**

Are you seeking school conveyance      Yes       No

If yes, please fill in transport form

**UNDERTAKING BY PARENTS**

1. I/We am/are aware of conditions relating to admission and agree to pay all fees for which liable.
2. I/We declare that all information given in the application is true and correct.
3. No change in date of birth, given in the above statement can be made subsequently.
4. Pupil's lawful and defacto guardian may sign this document only when father is dead.
5. The school reserves the right to verify any information provided and ask for further evidence. Where fraudulent or deliberately misleading, incorrect or incomplete information has been supplied and that information has led to a place being offered which would not otherwise have been offered, the school reserves the right to cancel the admission.
6. To apply for security refund within 2 yrs. after leaving the school, otherwise security will be forfeited.
7. Any fee paid will be non-refundable.
8. I understand that school can increase fee and other charges from the start of the new academic session.

So, I request your favour of admitting my ward in your school      Date .....

Father Signature ..... Mother Signature ..... Guardian Signature .....