

SCHOLAR ROSARY PUBLIC SCHOOL

Commitment to Excellence Education

VPO : Kheda (Shri Mahaveer Ji Road)
Distt:- Karauli (Rajasthan) - 322234
Website: www.scholarrosary.org
E-mail :- info@scholarrosary.org
Contact :- +91 8696548347

REGISTRATION CUM ADMISSION FORM

For Office Use only

Admission/SR No.

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Date of Admission

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For Enrolment in Class Session

NAME OF STUDENT (In Block Letters)

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Sex M/F (Tick the correct option) Male Female

MOTHER'S NAME (In Block Letters)

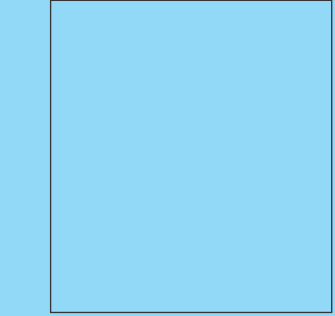
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FATHER'S NAME (In Block Letters)

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GUARDIAN NAME (In Block Letters)

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(Please paste photograph)
(Do not Staple)

RELATION OF GUARDIAN WITH THE STUDENT

Category

Gen	SC	ST	OBC	SBC

STUDENT'S DATE OF BIRTH dd mm yy

HANDICAPED YES NO

Aadhar Card No:	
Bhamashah Card No	
BPL Card No (if Any)	
Religion	
Nationality	

RESIDENTIAL ADDRESS: _____

ADDRESS FO CORRESPONDENCE _____

EDUCATION BACKGROUND

Name of previous school attended (Full Address) _____

From _____ To _____ Reason for leaving _____

Has the child ever been Expelled/Rusticated/Not Promoted to next class by any school YES NO

If yes Please give details _____

PROFESSION/OCCUPATION

Father's/Guardian's Profession/Occupation _____ Qualification _____
Designation _____ Organization _____ Monthly Income _____
Telephone _____ Mobile _____ E-mail _____
Mother's/Guardian's Profession/Occupation _____ Qualification _____
Designation _____ Organization _____ Monthly Income _____
Telephone _____ Mobile _____ E-mail _____

Real Brother/Sister Studying in the School

Name _____ Class & Section _____ Admission No _____

Name _____ Class & Section _____ Admission No _____

Whether Transport Facility is to be Availed YES NO

DOCUMENTS TO BE ATTACHED

- Date of Birth Certificate (Attested Photocopy) Attested Photostat copy of Adhar Card
- Attested Photostat copy of pervious year Result Card Two color Passport Size Photographs
- Original Transfer Certificate from the previous School BPL (if any)
- SC/ST/OBC/SBC Certificate (if Applicable) Handicapped Certificate

DELARATION

- 1) I have thoroughly checked all the particular as above filled in the registration form of my child/ward. If any mistake in student's name/mother name/DOB etc. in student credential is detected afterwards I will solemnly responsible for the same.
- 2) I/we Declare that I/we have understand the rules and regulations of the school that fees once paid is not refundable and I will not claim of the fees.
- 3) I/We certify that the information furnished in the form is true to the bet of my Knowledge and belief. I understand that the registration of my child/ward is no guarantee of admission to the school and shall be subject to the terms and conditions laid down by the management.

Signature of Mother

Signature of Father/Guardian

Date:-

VERIFICATION BY THE ADMISSION COMMITTEE

Form Verified and checked by

Signature

Name _____

Designation _____

Recommendation by Incharge Admission _____

Signature of Incharge Admission

Principal Remarks _____

Principal Signature

FOR OFFICE USE ONLY

S. R. No _____

Date _____

Admission fee received Rs _____

Receipt No _____ Date _____

Admitted to class _____

Section Allotted _____