



SUNDERBAN PUBLIC SCHOOL

Kumarjole (Amtola Bazar), Minakhan, North 24 Parganas-743725 (WB)
Mob. No. - +91-9002911061/9733865345
Email – srmfoundation1963@gmail.com,
Web- www.sunderbanpublicschool.edu.in
Managed by SRM Foundation, New Delhi

ADMISSION FORM

Admission No _____

Form. No _____

Affix photo of Father

Affix photo of Mother

Affix photo of Child

We, _____ and _____ desire to have our son/daughter/ward whose particulars are given below admitted as a day scholar in your School:

INFORMATION OF THE CHILD

Last Name		First Name	
<input type="text"/>		<input type="text"/>	
Gender	Date of Birth	Date of Birth in words	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	<input type="text"/>	
Class for which admission is sought	Religion	Nationality	SC/ST
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Languages known			
<input type="text"/>			

RESIDENTIAL ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel./Mob. :
E-mail:

CORRESPONDENCE ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel./Mob. :
E-mail:

Distance from school (in kms): Preferred Phone Number for School SMS:

Emergency Contact Numbers Mobile Nos.	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

SCHOOL

(i) Previous School (if any) attended:

School transfer certificate to be submitted in original

(ii) Detail of any Sibling:

Name of the Child:

Name of the School:

Age limit of L.K.G Completed 3 years as on 31st July.

Age limit of U.K.G. Completed 4 yrs on 31st July.

Age limit for 1st Standard- completed 5 years as on 31st July

Age limit for other Classes-Corresponding age.

SIGNATURES

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree this misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

I have read and do hereby consent to the term and conditions enclosed with the registration form.

Signature of Mother / Guardian

Signature of Father / Guardian

For Office use only

- ☐ Medical form
- ☐ Birth / Transfer Certificate
- ☐ Transportation form
- ☐ Admission fees

Administrative Officer

Date _____

Head of the Institution

Date _____

Note:

Parents/guardians seeking admission of their child should fill up the Admission Form with utmost care and accuracy and submit it at the school office along with the following documents:-

- a) Copy of Birth Certificate(Municipality/Panchayat Affidavit (Professional)
- b) Copy of Progress Report of last school (except for LKG)
- c) Copy of School Leaving/Transfer Certificate of previous school (in case of Higher Class)
- d) Two stamp size photographs of the child
- e) Physical fitness certificate