

ZONE IX (DIST. NWA)

cost of form: Rs 25/-

School ID: 1309170

PH-01127497367



YEAR 2021-2022

ST. ROSIER PUBLIC SCHOOL

SHALIMAR BAGH, DELHI-110088

(RECOGNISED & AFFILIATED TO C.B.S.E)

REGISTRATION/ ADMISSION FORM FOR OPEN/GENERAL SEATS
FOR ENTRY LEVEL CLASSES (NS/KG/I)

Adm. No.....

Date of Adm.

Adm. For Class.....

Paste
Father's Photo

Paste
Mother's Photo

Paste
Student's Photo

1. Name of the student (In Block Letters) _____

2. Date of birth (In words) _____

Date

Month

Year

3. Aadhar No. of student _____

4. Gender Male

Female

5. Category Gen EWS SC ST OBC

6. Class for which admission is sought _____

7. Father's Name (In Block Letters) _____

• Residential Address _____

• Tel. No. (Residence) _____ Mobile No. _____

• Off. Tel. No. _____

8. Mother's Name (In Block Letters) _____

• Residential Address _____

• Tel. No. (Residence) _____ Mobile no. _____

• Off. Tel No. _____

9. Guardian (If any) _____

• Residential Address _____

• Tel No. (Residence) _____ Mobile No. _____

• Off. Tel. No. _____

10. Medical Information: Does the child have some special needs/some disease?

If yes, give details (with proof) _____

11. Information on parameters adopted by school: for admission (open seats/general seats)

Please tick () those parameters which are applicable in your case. (Also attach documentary proof of those)

S. no.	Criteria	Marks allotted	Tick () the parameters which are applicable in
1	DISTANCE OF YOUR RESIDENCE FROM THE SCHOOL (TICK ANY ONE)		
	DISTANCE (0-3 KMS)	70	
	(3 to 5 kms) - 60		
	(5 to 8 kms) - 50		
2	SINGLE GIRL CHILD	05	
3	SIBLING (BROTHER/SISTER STUDYING IN THIS SCHOOL)	05	
4	ALUMINA (FATHER/MOTHER PASSED CLASS XII FROM THIS SCHOOL)	05	
5	ORPHAN	05	
6	WARD OF EMPLOYEE OF SCHOOL (BLOOD RELATION)	10	
	TOTAL	100	-----

12. Please bring self-attested photocopy (and original also for verification) of the following documents:-

- (i) Birth Certificate
- (ii) Residence Proof
- (iii) Aadhar card of student & parents (or any such document)
- (iv) Caste certificate (if any)
- (v) Vaccination card of student

Undertaking

I _____ Father/Mother/ Guardian of _____ hereby declare that information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false in future.

Parent's signature

NOTE: Please fill it up and deposit it back in the school on any working day between 8:30am to 12:30 pm on or before 04.03.2021. Incomplete forms will be rejected.

For Office Use Only

(Attested photocopies of the documents were checked with original at the time of admission)

Ad. In charge

Class Teacher

Principal