Agreement / Declaration by the Parent

I hereby understand and agree:

- \checkmark 1. That I have read the rules and regulations of the school given in the Annexe to the Prospectus and I confirm that I have understood the contents and agree to abide by the School's policies and decisions.
- \checkmark 2. The registration of my son/daughter/ward does not guarantee admission to the School and the Registration Fee is neither transferable nor refundable.
- \checkmark 3. That I shall not hold the School liable/responsible for any injury suffered by my son / daughter / ward at any time during his/her stay in the School in the course of participating in curricular or extra-curricular activities of the School.
- ✓ 4. That I am the bona-fide guardian of the child, and all the particulars given in this application are true, correct and complete. I understand that rendering any misleading information or withholding of correct information may disqualify the child for education at this School.

Date:	
	SIGNATURE OF THE PARENT/GUARDIAN
	NAME (IN BLOCK LETTERS)

FOR OFFICE USE ONLY

Registration No.	Admission No.
Application Fee Receipt No.	Date:
Application Received on	Date:
Admission Fee Receipt No.	Date:
• Documents	
☐ Date of Birth Certificate	☐ Previous Progress Report
☐ Transfer Certificate / Record sheet	☐ Photos
☐ Caste Certificate	☐ Aadhar Card
☐ Other documentation	Signature of the office Executive

Remarks & Signature of the Principal



APPLICATION FOR ADMISSION

a recent passport size (35mmX45mm) photograph of the pupil

NAME OF THE PUPIL	First Name	
	Surname / second name	
Aadhar Card num	IBER	
FATHER'S NAME		
Mother's name		
CLASS IN WHICH AD	MISSION IS SOUGHT	



SAIBABA CENTRAL SCHOOL ONGOLE A.P. INDIA

Tel: 08592 - 322622, 200404 Mobile: 91777 91798, 96423 90011 Email: info@saibabaschool.com Website: www.saibabaschool.com. www.saibabaschool.edu.in www.saibabaschool.ac.in

1.	, ,	:	14.	FATHER'S O
	(a name that is used instead of pupil's usual first name)		15.	Mother's c
2.	Guardian's name (if any)	:	16.	Guardian's
3.	ACADEMIC YEAR OF PROPOSED ENTRY	:		
4.	Nationality	:	17.	Education.
5.	CASTE (provide certificate)	·		
6	Place of birth		18.	Who takes
0.				
	(with name of the District, State and the Country)		19.	Does the Cr
				11 (01/11 0 1
7.	Date of birth of the pupil	:	20.	Names and
	(BOTH IN WORDS AND FIGURES)			ALREADY
	(Attach a duly attested photostat			ALKEADY
	copy of the Birth Certificate)		21.	Pupil's mot
			21.	1 0112 5 110
8.	Gender	:	22.	OTHER LANG
0	Identification Marks			
9•	IDENTIFICATION INTAKES			
10.	CLASS & SCHOOL LAST ATTENDED	·	23.	HISTORY OF
	(Attach Transfer Certificate / Record Sheet)			-
	First postar Appropria (D. 11		24.	Does the Ci
11.	FULL POSTAL ADDRESS (Residence)			Done with or
	(with door number, street etc.)		25.	Does the ci
				ANY PHYS
				(includ
				suc
12.	E-mail address			
	(A Valid email address is required.		26	Pupil's aptit
	All communications from the School will be sent		201	
	to the email address provided here)			
13.	PHONE NUMBERS (both landline and mobile)	·		
	(in case of any emergency,		27. 4	Any special
	the phone numbers given here shall be used)			REGAI

14.	FATHER'S OCCUPATION		:	
15.	Mother's occupation		:	
16.	Guardian's occupation		:	
17.	EDUCATIONAL QUALIFICATIONS OF:			
		a) the father	:	
		b) the mother	:	
18.	Who takes care of the child at home	E?	:	
19.	Does the child have access to			
	A COMPUTER AND THE INTERNET AT HO	OME?	:	
20.	Names and particulars of siblings		:	
	ALREADY STUDYING IN THE SCSCHOOL	., if any	:	
21.	Pupil's mother tongue		:	
22.	OTHER LANGUAGES THE PUPIL CAN SPEAK	K	:	
			:	
23.	HISTORY OF PREVIOUS ILLNESS, if any		:	
24.	Does the child have any identified A	ALLERGIES	:	
25.	Does the child have			
	ANY PHYSICAL / MENTAL HANDICAP			
	(including any defect in speech,			
	such as stammering etc.)			
26.	Pupil's aptitudes & interests		:	
27.	Any special remarks by the parents		:	
	REGARDING THE PUPIL			