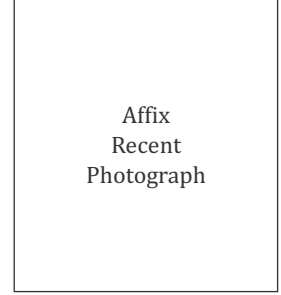




Adm. No:.....

SURAJ SCHOOL

APPLICATION FOR ADMISSION



Date :

A. STUDENT INFORMATION

Name of Student (First Name) :(Middle Name).....(Last Name).....

Father's Name (First Name) :(Middle Name).....(Last Name).....

Mother's Name (First Name) :(Middle Name).....(Last Name).....

Male Female Class Applying for : Join Hostel : Yes No

Place of Birth : Caste : Blood Group : Religion :

Aadhar No. : Email Address :

Previous School (s)	Name of School(s)	Hostel/Day boarding	Up to Class(es)
.....
.....

Date of Birth: Date of Birth in Words:

Has your child ever experienced social or emotional difficulties? Please describe.
.....
.....

Does your child have any major illness, allergies or physical disabilities? Please describe.
.....
.....

Address Permanent : Address Current :
.....
.....

Contact Number(s) (I) :(II).....(III).....

B. HOUSE HOLD INFORMATION

Father's	Mother's
Occupation :	Occupation.....
Date of Birth :	Date of Birth.....
Name of employer/work :	Name of employer/work :
Work Address :	Work Address :
Work Phone Number :	Work Phone Number :
Email Address :	Email Address :
Mobile No :	Mobile No :
Income earned (Monthly) :	Income earned (Monthly) :

Name of Brother(s) and Sister(s)

Name	Brother/Sister	Age	If school/course, (name of school)/course If work/Job (name of work/job)	Contact No

Suraj School's students whom you know personally

Name	Class/Alumni	Address	Contact No

Parent's talent as resource for school

Feel proud to join **SURAJ** community if you may be able to make any special contribution to SURAJ SCHOOL \such as part time teaching , class parent, talks to classes describing some aspect of your work or hobbies, library/labs/art assistance, or any as use your talent. We are keen to use talents and resources that can enrich our school programme. Please describe

.....

.....

.....

C. CLEAR UNDERSTANDING

I hereby apply for join SURAJ and certify that the information furnished by me is correct. I/We agree that I/We abide all rules and regulations of school.

.....
Sign of Student	Sign of Father	Sign of Mother	Sign of Guardian/Relationship
Date.....	Date.....	Date.....	Date.....

Thank You, for joining lighting school where every child has right to light with love for learning.

D. ADMISSION TEAM

Remarks.....

Sign with Full Name(i).....(ii)(Auth. Sign).....

DateDate