

VI. FOR OFFICE USE ONLY			
School No.....	Class.....	Section.....	House.....
As <input type="checkbox"/> BOARDER		<input type="checkbox"/> LONG HOUR DAY BOARDER	
			OFFICIAL SIGN.
VII. ADMISSION DETAIL: To be verified by main office/admission office			
Admitted in Class		Admitted in session	
Admission Date		Stream Allotted (XI, XII)	
Seat Reservation Fee	Rs. PAID VIDE MR No..... DTD.....		
	OFFICIAL SIGN.		
Fee paid after approval of Admission	Rs. PAID VIDE MR No..... DTD.....		
	OFFICIAL SIGN.		
VIII. TRANSPORTATION: Student's Transportation Information (to be given by School Transport)			
Allotted Pickup point.....	Pickup Time.....		
Allotted Drop point.....	Drop Time.....		
Route No	Bus No.....		OFFICIAL SIGN.
HOSTEL: Student's Hostel Information (to be verified by Hostel warden)			
House Allotted.....	Hostel Allotted.....	Room No. Allotted.....	
Mess <input type="checkbox"/> Veg <input type="checkbox"/> Non Veg	Attached with Student as friend		OFFICIAL SIGN.

PRINCIPAL'S APPROVAL & REMARKS

I accept admission as per para VI, VII & VIII.
 Parent's Signature
 Date

Signature of Principal
 Date

IX. DOCUMENTS						
Document	Submission Status			Remarks-Original (O)/ Provisional (PV)/Photo stat (PS)		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Process	<input type="checkbox"/> O	<input type="checkbox"/> PV	<input type="checkbox"/> PS
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Leaving Certificate (TC) duly countersigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migration Certificate (XI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mark Sheet of previous Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Fitness Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Certificate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Certificate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equivalence Certificate for foreign students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Deed (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above documents are true
 Parent's Signature
 Date

Sign. of Office Supdt.

X. I AGREE TO ABIDE BY THE FOLLOWING RULES REGARDING PAYMENT OF FEES & WITHDRAWAL FROM SCHOOL:

- (a) I have gone through the fee schedule and other rules as contained therein and also in the school prospectus & shall comply with them.
- (b) I will pay all the dues by 9th of the month.
- (c) All fees are chargeable on FULL SESSION BASIS irrespective of the date of admission. However as a concession to Transfer cases for MID-SESSION ADMISSION only 3 months fees may be charged as arrears fee on the date of admission.
- (d) Late Grace Fee of Rs. 100/- per month for boarder and Rs. 50/- for day boarder for any type of dues will be charged after 9th of the month.
- (e) Existing rate of fees is linked with CONSUMER'S PRICE INDEX and DA as announced from time to time by the Govt. of India. The announcement by the Govt. will be considered as NOTICE to parents and fees will be required to be paid as calculated, ipsofacto & automatically, according to the Govt. announcements.
- (f) If child is to be **withdrawn from school, two clear month's advance notice** is a must in all cases, otherwise two months fees will be charged in lieu.
- (g) **In case, after applying for withdrawal, I want my child to continue, it will be treated as re-admission case.**

Verification and undertaking: I verify that information supplied in this application form is correct and I will provide full support to my ward in fulfilling the requirements of CSKM PS and meeting all expenses.

Signature of Parent/Guardian:

DATE :

PLACE: NAME OF THE SIGNATORY: RELATIONSHIP WITH THE CHILD:

XI. DESCRIPTION OF CHILD'S PERSONALITY:

(A) WHAT ARE YOUR CHILD'S STRENGTH & POTENTIAL?

.....

(B) WHAT ARE YOUR CHILD'S WEAKNESSES OR DEVELOPMENTAL NEEDS?

.....

(C) Please rate your child on the following personality characteristics:

	A – Above Average	B – Average	C – Below Average
1. Well Mannered & Self Controlled			
2. Problem Solving Ability			
3. Moral Values			
4. Self Motivation			
5. Co-Operative & Adjusting			
6. Responsible			
7. Emotionally Balanced			
8. Self Confidence			
9. General turnout			
10. Creative / Innovative			

(D) **HABIT OF SPENDING MONEY ON (TICK THE APPLICABLE)**

JUNK FOOD	EATING OUT	SEEING MOVIES/ BUYING GADGETS LIKE MOBILE PHONE, MP3 PLAYER, I.POD, VIDEO GAMES ETC.
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(E) **NORMAL MENU OF MEALS AT HOME**

BREAKFAST	LUNCH	DINNER

EXTRA BETWEEN MEALS

(F) APTITUDE TOWARDS CELEBRATIONS:.....

(G) STYLE OF JOKING/TEASING OTHERS:.....

(H) HOW DOES HE/SHE PASS HIS/HER TIME WHEN THERE IS NOTHING PARTICULAR TO BE DONE:

.....

XII. PHYSICAL INFORMATION: To be verified by Medical Incharge of the School			
Height (in Cm).....	Weight (in Kg).....	Left Eye Sight.....	Right Eye Sight.....
Skin Complexion/Color		c Fair c Wheatish c Dark c Other.....	
Blood Group		c A+ c A- c B+ c B- c O+ c O- c AB+ c AB-	
Mark of Identification on Body			
Any Physical Disability/Challenged			
Allergies (if any)			
Drugs prohibited for above Allergies			

PHYSICAL ENDURANCE/STAMINA:

VERY STRONG	STRONG	AVERAGE	TENDER	WEAK
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ANY PARTICULAR TYPE OF SICKNESS WHICH HE IS PRONE TO, IF SO, THE GENERAL LINE OF TREATMENT TO WHICH HE RESPONDS.

FULL DETAILS INCL. NAME, ADDRESS, TEL. NOS, BOTH OWN AND NEARBY ONES, WHO MAY CONVEY URGENT MESSAGE QUICKLY TO YOU.

NAME, ADDRESS & TEL. NO. OF ANY PARTICULAR DOCTOR, TO BE CONTACTED IN CASE OF SICKNESS TO THE CHILD.

ANY OTHER USEFUL INFORMATION:

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Name of Signatory:.....

Relationship with child:.....

 Signature of Parent/Guardian

XIII. FAMILY INFORMATION (Persons authorized to meet/ take child home)			
	Father	Mother	Local Guardian (if any)
First Name			
Middle Name			
Surname			
Age			
Academic Qualification			
Occupation			
Organization Name			
Designation			
Income (Per Annum)			
email id			
Contact Address (Office)			
City			
State			
Country			
Pin/ Zip Code			
Telephone(Office)			
Mobile (Additional)			
Specimen Signature			
Please sign across the photograph also	Paste Photograph	Paste Photograph	Paste Photograph

Marital Status of parents Married Divorced Separated Widowed

SIBLINGS: Brothers/ Sisters / Cousin name and their Academic / Professional Information			
Relation Type	1. <input type="checkbox"/> Bro <input type="checkbox"/> Sis <input type="checkbox"/> Cousin	2. <input type="checkbox"/> Bro <input type="checkbox"/> Sis <input type="checkbox"/> Cousin	3. <input type="checkbox"/> Bro <input type="checkbox"/> Sis <input type="checkbox"/> Cousin
Full Name			

If studying in this school

School No.			
Class + Section			

If studying in other school

School Name			
Address			
Class			

XIV. I specifically state that

- I as Local Guardian – do affirm, to be available to the School, as nearest contact, to represent the parents, in case of need and do the needful in the benefit of the child.
- The child may be ALLOWED NOT ALLOWED TO GO ON LEAVE ALONE
- We know that the above information is confidential and will be used only for the benefit of the child, who is admitted to the school entirely on our request and at our risk and that the school will not be held responsible for any mishap whatsoever, if it may unfortunately occur.
- The school does the best to look after the children. However if a child leaves the school on his own, without permission, the school will not be responsible in any case whatsoever, because the school is not a prison.

<div style="border: 1px dashed black; width: 250px; height: 50px; margin: 0 auto;"></div> <p>(Sign. of Parents/Guardian)</p>	<div style="border: 1px dashed black; width: 250px; height: 50px; margin: 0 auto;"></div> <p>(Sign. of Local Guardian)</p>	<div style="border: 1px dashed black; width: 250px; height: 50px; margin: 0 auto;"></div> <p>(Sign. verify by Parents/ Guardian)</p>
----- Name	----- Name	----- Name