

PURNA CHETANA TRUST (R)

CHETANA PUBLIC SCHOOL



No. 830693

The 21st Century Bharatiya School

aavedana

Application Form for Admission

olication No:		Admission Date:		
Affix photo of Father	Affix pho	to of Mother		Affix photo of Studen
Admission Required for (Please Ment	ion Class):			
Note: Please use capital letters only.				
We,		and,		wisl
o admit our son/daughter/ward whose	e particulars are giv	en below as aday so	holar at Purna	Chetana Public School.
A. INFORMATION OF THE CHILD	ı			
First Name	Middle Name		Last Name	
Gender Date of Birth		Date of Birth in w	ords	
Male Female	MM YY			
Blood Group Religion		Caste		Nationality
				,
Aadhar No:				
Community SC/ST	ОВС	GEN	OTHE	RS
anguages known			Mother To	ongue
PERMANENT ADDRESS		ADDRESS FOR CORRESPONDENCE		
Mobile No.:		Mobile No.:		
E-mail ID:		E-mail ID:		
Distance from school (in kms):	Prefe	erred Phone Number	for school SMS:	
, ,				

FAMILY INFORMATION Father/Guardian: Name: Age: Nationality: Institution: Educational Qualification: Office Address: Occupation: Designation: Annual Income: Mobile No. (Please Provide Active Whatsapp Number): Aadhar No: Mother/Guardian: Name: Nationality: Age: Institution: **Educational Qualification:** Office Address: Occupation: Designation: Annual Income: Mobile No. (Please Provide Active Whatsapp Number): Aadhar No: Single Parent: Father Mother Tick one (With whom child is staying), only if applicable. Details of Brothers / Sisters of the student: Class Name Name of the Institution Age **B. DETAILS OF PREVIOUS YEARS OF STUDY** Year School Class/Grade Languages and Subject Studied STATE The previous school affiliated to: CBSE ☐ ICSE OTHER **BOARD** Awards won so far in Sports, Arts or Academics

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY: Birth Details: Normal Caesarian Forceps Birth Cry: Immediate Delayed Discharge from Hospital: (Number of days) Specialized care given in the hospital: Yes No If Yes, NICU: Extended hospital stay Explain: _____ **HEARING:** Any difficulty observed: Yes No Any Consultation with Audiologist done: Yes No If Yes, Explain: **VISION:** Any Consultation with Ophthalmologist done: Yes No Use of Spectacles/Corrective Lenses: Yes No **MOTOR MILESTONES (Approx. Months):** Sitting: ___ Standing: ___ Walking: ___ Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition: Any Medication taken for general well-being: Any Allergy / any medical information that school should be aware of:

Docu	ments Required: (All doc	uments are Mandatory during Admission)					
	Birth Certificate	unicitis are Mandatory during Admission,					
	Study Certificate	mar copy (ii applicable)					
П	Vaccination Card Copy						
	• •						
П		ently attested Photocopies) must be produced	•				
	Transportation Form (If Re		along with the fined approached form				
	1	,					
CLA	RATION / UNDERTAKING BY	THE STUDENT AND PARENT / GUARDIAN					
•	We declare that we have read the contents of the prospectus and supplementary brochures and understood the contents fully.						
	Having understood the information provided, we seek admission for our son/ daughter into School in our own interest and						
	accord.						
•	• We declare that all the information furnished in application form is correct to the best of our knowledge, information & belief.						
•	• We agree that in the event of any information found to be incorrect or false, admission may be refused / revoked.						
•							
	from time-to-time.						
•		udent has to wear the prescribed uniform com					
•	• We undertake that school fees should be paid in full and an official receipt to be collected from the school office .Fees should not be paid to any person other than the authorized person in the office. The fees once paid to the institution will not be						
	refunded under any circumstance. We agree to the fee structure below and we abide by the fee payment schedules mentioned						
	hereunder.		, , , , , , , , , , , , , , , , , , , ,				
	Development Fees	School Fees	Transportation Fees				
	Single Payment – While	1 st Installment – before Jun 1 st of CAY	1 st Installment – before Jun 1 st CAY				
	Admitting the Child	2 nd Installment – before October 31 st CAY	2 nd Installment – before October 31 st CAY				
_	*CAY – Current Academic		student has to now full food for the entire year and				
•	• in case of the student's discontinuation of study, we understand that the student has to pay full fees for the entire year and collect the original / transfer certificates.						
•			e stay in the School and copying in the examin ation by				
	the student will entail disn						
•							
	should take interest in the	progress of our child whether he/she has impr	oved in his/her studies. Any irregularities should be				
	brought to the notice of the school authorities immediately.						
•	····· - ····· - ···· - · · · · · · · ·						
	hours or otherwise in the school premises. However, immediate assistance will be rendered to get medical facilities.						
•	,						
	move with strangers. • We undertake that we should attend the parents meeting whenever convened, to review our son/daughter's progress and						
•	-	auld attend the narents meeting whenever con-	vened to review our con/daughter's progress and				

Date:_____ Parent's Signature:_____

We undertake that we will pay for any loss due to destruction, damage or loss to School property by our son/daughter.

FOR OFFICE USE ONLY

Admission Number: _____

Signature of the Admission Coordinator