



# VIDYARTHI PUBLIC SCHOOL

Police Chowki (Near Pakka Talaab), Anapur, Prayagraj – 212411  
9415214771, 8545921003, 9118819993

## ADMISSION FORM

(KINDLY FILL THE INFORMATION IN CAPITAL LETTERS  
AND ENSURE THAT THE FORM IS COMPLETE IN ALL RESPECTS)

Class to which admission is sought  
Nur/LKG/UKG/1/2/3/4/5/6/7/8/9



Affix passport  
size photograph

### PERSONAL DETAILS

Name of the candidate			
Mother's name		Mob.	
Father's Name		Mob.	
Guardian's Name		Mob.	
Date of birth of the candidate		Age	
Category (GEN/SC/ST/OBC/MBC)		Nationality	

### EDUCATIONAL DETAILS

Last school attended and class			
Class to which admission is sought		Date of entry into the school	
Is Transfer Certificate from the last school attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)			

### GENERAL DATA

Occupation of Father		Occupation of Mother	
Postal Address			
Email		Mob.	
Religious Affiliation		Language(s) spoken	

I hereby request the Principal to reserve a place in the school for my son/daughter/ward for the session beginning April or if there is no immediate vacancy, to register his/her name on the waiting list. I declare that all the information mentioned by me is true to the best of my knowledge and I will abide by the rules laid down by the school administration and accept that they can be changed from time to time at the discretion of the school management. I clearly understand that it is the fundamental policy of the school to treat all children alike. I shall, therefore, neither ask for nor expect any privilege or concession for my son/daughter/ward.

Date of application \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

\*Registration carries no guarantee of admission. Admission will not be granted to children below the age of three years and will be based on the priority of registration. The form will be signed by father if alive or by mother. Guardian will sign only if neither father nor mother is alive or if a special authorization is given by mother, if father is not alive.

**MEDICAL INFORMATION**

History of major illness or disorders (if any)

Allergies (if any) to medicine or food

**Immunization status** (attach photocopy of immunization card)

BCG	OPV	DPT	Booster for OPV	Booster for DPT	Measles	MMR	Typhoid	Hepatitis-B	Any other

Signature of Father/Guardian \_\_\_\_\_ Signature of Doctor (with seal) \_\_\_\_\_

Date \_\_\_\_\_ Contact No. \_\_\_\_\_

**DECLARATION**

- I will co-operate with the school authorities in the interest of the institution and in the education of my son/daughter.
- I will abide by the rules or regulations which will be implemented in the near future with regard to the progress of the education of the student in the institution.

Signature of the student \_\_\_\_\_ Signature of the Parent/Guardian \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

**DOCUMENTS TO BE ENCLOSED ALONG WITH THE APPLICATION**

Two passport photographs of student, father and mother or guardian - Birth certificate - Transfer Certificate - Report Card - Copy of caste certificate (If required) - Other relevant documents

**FOR OFFICE USE ONLY**

Admitted to		Standard	
TC/BC	Yes_____ No_____	Caste Certificate	
Date		Place	

\_\_\_\_\_  
Signature and Seal of the Principal