



St. Mary's Christian School

Affiliated to C.B.S.E. Delhi

A-Block, Shalimar Garden Extn.-II Sahibabad, Ghaziabad

Ph. No. 0120-2633850, 2633849, 0120-6455506, 6455507, Tele fax: 0120-2632755



[FILL IN CAPITAL LETTERS]

REGISTRATION / ADMISSION FORM

FORM NO.

Father

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Mother

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Child

--

Siblings in SMCS

Name

Class

INFORMATION OF CHILD

Last Name

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First Name

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Gender

Date of Birth

Date of Birth in Words

Age as on 31st March 20__

☐ Male ☐ Female

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Year ____ Month ____

Class for which Admission is sought

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Nationality

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Religion

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Area to which belongs

☐ Rural

☐ Urban

Category to which belongs

☐ Gen ☐ OBC ☐ SC ☐ ST

[In case SC/ST/OBC, attach an attested copy of Certificate from the competent authority]

Emergency Contact Telephone Numbers :

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FAMILY INFORMATION

Father / Guardian :

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Annual Income:	
3)		Office Address & Tel. : _____	

Mother / Guardian :

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Annual Income:	
3)		Office Address & Tel. : _____	

Paternal Grandfather :

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Office Address & Tel. : _____	

Paternal Grandmother :

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Office Address & Tel. : _____	

Maternal Grandfather :

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Office Address & Tel. : _____	

Maternal Grandmother :

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Office Address & Tel. : _____	

If parents are divorced, living separately or widowed, with whom is the child living :

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Brother / Sister:

Name :	Age	Institution where studying now	Class	Admission No (if in SMCS)
1.				
2.				
3.				

RESIDENTIAL ADDRESS:

Tel.:	Mobile:
Fax:	E-mail:

CORRESPONDENCE ADDRESS :

Tel.:	Mobile:
Fax:	E-mail:

Is there any medical information about your child / ward which the school should be aware of:

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TRANSPORTATION

Is School Transportation required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, pick up point : _____		
Note : Request for transport facility may not be considered later on if answer is 'NO'.		

ACADEMIC DETAILS

Last Name of child

First Name of child

ACADEMIC BACKGROUND

Previous School : _____	Final Grades of Previous Year
	English :
Board to which affiliated : _____	Hindi :
	Maths :
Any outstanding achievement : _____	Social Science/ EVS :
	Science :

SUBJECTS SELECTED (Class IX to XII)

1.	2.	3.
4.	5.	6.

What are your reasons for choosing St. Mary's Christian School for your ward?

1.
2.
3.
4.
5.

How did you learn about "SMCS" ?

<input type="checkbox"/> Through word of mouth:	[From whom _____]
<input type="checkbox"/> Through Newspaper Advertisement:	[Name of Newspaper _____]
<input type="checkbox"/> Through Pre-School:	[Name _____]
<input type="checkbox"/> Any other:	[_____]

St. Mary's Christian School, Sahibabad

A-Block, Shalimar Garden Extn.-II Sahibabad, Ghaziabad

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Form No.

Registration Slip

Received Registration Form in respect of _____

Son / Daughter of _____

You are required to bring your ward for his / her interaction with Teacher / Principal on _____

Note : (a) Kindly produce this slip at the time of interaction.

(b) It is essential that both parents must accompany the child for final interaction, if short-listed.

- Note :**
- 1. Incomplete forms will not be accepted**
 - 2. FEES ONCE PAID IS NOT REFUNDABLE OR TRANSFERABLE FOR ANY REASON WHATSOEVER**

LIST OF DOCUMENTS TO BE ENCLOSED WITH THE REGISTRATION FORM :

- 1. Photocopy of Birth Certificate (Attested) for Nursery & KG**
- 2. Copy of the Last Report Card of the Previous Class**
- 3. Residence Proof**
- 4. Vaccination Proof**
- 5. Blood Group**
- 6. Original Transfer Certificate (TC) of the previous school duly counter signed by concerned Education Department**

SIGNATURES :

I hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. I have read and do hereby consent to the Terms and Conditions being enclosed with the Registration Form.

<div><div></div><div>Signature of Father/ Guardian</div></div>	<div><div></div><div>Signature of Mother/ Guardian</div></div>
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Date:

FOR OFFICE USE:

Test Date:	Time:	For Class:of
Session		Date:
Reference.....		
Remarks :		
.....		
.....		
Signature of Receiver		