

# **SHANA** International School

An Institute of Education & Research
CBSE Affiliated • Co-Educational • Day Boarding School

## **ADMISSION FORM**

				DIVIIO	11 1 0	IXIVI									
Form No. :Receipt No.		Paid :			Affix recent pass size photo Father	o of			Affix recent pas size pho Mothe	ssport to of		re	Affix ecent pass size photo Studen	o of	
Signature of the Office-in-Charge				ge											
Date of Application															
Name of Student (USE BLOCK LETTERS)			(Name)							(Surna	ume)				
Father's Name															
Father's Occupation							Fath	er's Qu	ualificati	on					
Mother's Name															
Mother's Occupation							Moth	ner's Qı	ualificat	ion					
Guardian's Name (Ignore, if not applicable)															
Guardian's Occupation							Gua	rdian's	Qualific	ation					
Dat	e of Birth				Sex M F										
Present Address															
Permanent Address															
Contact Nos.															
E-Mail ID															

	NTERNAT		CHOOL	
Details of Brother(s)/Sister(s) stu	dying in this School			
Details of Brother(s)/Sister(s) stu	dying in this School			
Details of Brother(s)/Sister(s) stu	dying in this School	enlighter	nment	
Details of Brother(s)/Sister(s) stu	dying in this School	enlighter	nment	
Details of Brother(s)/Sister(s) stu	dying in this School	enlighter	nment	
Treasons for seeking admission i	II OHANA IN LENNAHONAL OO			
Pageons for sooking admission i	n SHANA INTERNATIONAL SCH	1001		
Does the student belong to (Please attach the copy of Community C	OBC BC BC BC	MBC SC	ST	General
			,	
Details of Attached Documents (For Record/Government purpose		(In case of Transfer or admission	in 2nd Class or above)	
Details of Attached Documents	Birth Cerificate	दापा		
Single Girl Child	Yes No			
Blood Group				
Admission sought in Class				

Details of previous school(s)	studied			
References with Address & 0	Contact Nos.			
	आत्म	निर्म	1 9	भव
Any other relevant informatio	on regarding the student's abilit	iies/tastes/talents etc.		
Any Medical/Social /Psycholo (Please furnish relevant infor school.	ogical constraints for the child : mation separately if required).	This information will exclusive	ly be used for prop	er case study and parental care of the child in the
Allergic to any medicine : _	way to	enligh	tenn	nent
Name and address of the Fa	amily Doctor with phone no.			
	INTERN	Declaration	SCH	lool
I shall abide by the school r form does not necessarily e	rules as for the educational aspentitle my child's admission.	ects of this school once I get m	y child admitted to	this school. I also understand that filling up this
Date:	Place:			Signature of Parent/Gaurdian

### **DECLARATION BY PARENT / GUARDIAN**

I have read the fee payment rules of the school and request that my ward named in the form, be admitted to the School. I agree to abide by the rules and regulations of the School, and hereby, declare that: -

- I shall pay that School Fee of my ward on due dates as mentioned below, and I hereby understand that once the fee is deposited I cannot claim for any refund.
- The ward is not suffering from any contagious, constitutional of hereditary disease or infirmity. He does not have any physical deficiency/shortcoming which may come in the way of his participation in all School activities, including games/ sports/ swimming.
- 3. I will not hold the School responsible for any accident/ mishap caused to my ward during the course of any game /physical training/ NCC Camp, parade or tour, excursion or hike, or during the journey for going to perform any such activity or during travel under School arrangement for vacations or for any other purpose.
- 4. I will make good any loss or damage made by my ward to any School property, during his / her stay in the School.
- 5. I will not request for the change of name of my ward, his / her date of birth or my name, after the registration.
- 6. I further declare that the statements made in the form are true to the best of my knowledge and belief.
- I declare that any dispute / litigation against the school shall be filed within the jurisdiction of Bikaner city Courts and not elsewhere and on the School Administrator not by name.

(Parents / Guardians may keep a xerox copy of this for their record)

Signature of Parent /Guardian

(Responsible for paying fee)

Place:	 
Date:	 

#### Payment of Fees: Fees to be paid as per following schedule:

1<sup>st</sup> Quarter: by 10<sup>th</sup> of April (at the time of admission, in the year of admission)

2<sup>nd</sup> Quarter: by the 10<sup>th</sup> of July

3<sup>rd</sup> Quarter: by the 10<sup>th</sup> of October

4<sup>th</sup> Quarter: by the 10<sup>th</sup> of January

#### Rules

Late Payment: Rs. 25 per day is to be levied as late fine after the due date for one month. If the fee still remains unpaid after one month the school reserves the right to remove the student's name from the school register.

#### Details of the Family Members(Father, Mother, Uncle, Aunt, Grandparen

Name	Relations	Date of Birth	Contact Number	Email Id



### **SHANA** International School

www.shanainternational.com

An Institute of Education & Research

CBSE Affiliated • Co-Educational • Day Boarding School

Jaipur Ganganagar Bypass, Bikaner E-mail: maafoundation2016@gmail.com