

Form No.....



VIDYA SANSKAR SCHOOL

DANAPUR, PATNA, BIHAR

Gokhula Path, Off. Bailey Road, Danapur, Patna - 801503 (Bihar)

Contact : 06115-234855, 06115-235218

www.vidyasanskarschool.com

Registration Cum
Admission Form

Name

Class Admission No.



Sponsored by : S.R. Educational Foundation, Patna Bihar.



Please affix latest photograph in color

Student

Please affix latest photograph in color

Mother

Please affix latest photograph in color

Father

Mother's Sign

Father's Sign

Session..... Admission No. Registration No.

Name of the Student

Admission requested to standard Session

Date of Birth Age (as on April.....)

Gender M F Nationality Blood Group

Mother Tongue Language spoken at home

Religion

Category Gen OBC SC/ST

Permanent Address

City Pin Code

State E-mail Id.

Phone (Landline) Mobile

Emergency Contact No.

Correspondence Address

Educational background

Name of Previous school attended

Class to which she/he was studying in the previous school

Medium of instruction in the Previous school English Hindi

For class I onwards : Details of marks obtained (%) in the last annual exam Total

| Subject | | | | |
|----------------|--|--|--|--|
| Marks obtained | | | | |

Outstanding achievement in other activities (if any).....

Health infestation (if any)

| S. No. | Type | Details | Present Status |
|--------|-------------------------|---------|----------------|
| 1 | Physical Disability | | |
| 2 | Mental Disability | | |
| 3 | Past Illness | | |
| 4 | Allergy | | |
| 5 | Chronic Medical Problem | | |

Parent's/Guardians Information

Father/Guardian's Name Age

Educational Qualification

Occupation

Company

Address

E-mail Annual Income

Mobile

Mother's information

Mother's Name Age

Educational Qualification

Occupation

Company

Address

E-mail Annual Income

Mobile

Local Guardian

Guardians's Name Relationship

Address

Contact : Residence Office

Mobile E-mail

Transport

School Bus facility Yes No

Declaration

This form is intended to full information about the student and his/her family, without obligation on either side.

I/we certify that the information furnished in this form is true to the best of my/our knowledge and belief.

Date _____

Place _____

Signature of Parent / Guardian

Signature of Principal

Documents Required

1. Self Attested Birth Certificate (issued By Municipal Corporation/any Govt. Hospital)
2. Photo Id Proof of Both Father and Mother
3. Class II And Above, Last Year Marks Book
4. Class II And Above, Transfer Certificate (issued By Any Recognised School) To Be Provided at The Time of Admission
5. Color Passport Size Photograph (4 Candidate, 2 Each Parents).



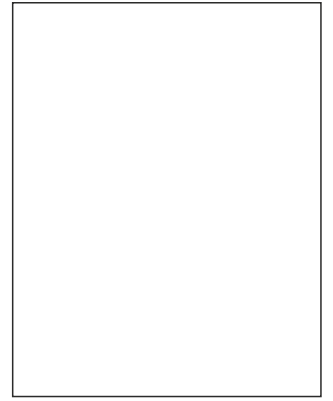
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FORM OF APPLICATION FOR REGISTRATION

Registration No. _____ Date : _____

1. Name of the Child : _____

2. Father's Name : _____

3. Mother's Name : _____

4. Address : _____

5. Date of Birth : _____ 6. Nationality : _____ 7. Mother Tongue : _____

Date of Birth (In words) : _____

8. Present address of Father/Guardian : _____

Phone No. (with STD/ISD Cord) : _____

E-mail ID : _____ Mobile _____

9. Desiring admission in class _____

Name of Previous School : _____

Medium of Instruction in previous School : _____

10. (i) Are any of your other children studying/have studied in Vidya Sanskar School? : _____

(ii) If so, give name and class/or year of leaving school: _____



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PERSONAL DATA

Name _____ Passport No. _____

Visa No. _____ Expiry Date _____ Date of Renewal _____

Religion _____ Identifying Marks _____

Food Habits (Please encircle) 1. Vegetarian 2. Eggetarian 3. Non-Vegetarian

Permanent Address _____

Address for Urgent Communication _____

Name and address of Two Visitors Authorised to meet and take him/her out on outings

(Attested Photographs to be attached)

1.) _____

2.) _____

Local Guardian's Address, if any _____

Date _____

Signature of Mother

Signature of Father

Language (Specify)

Child can understand _____

Child can speak _____

Child can read _____

Child can write _____

Yes

No

Has he / she participated in Science Quiz ?

If yes, at what levels :

School Level

District Level

National Level

Has he / she participated in Painting Competition Yes No ?

If yes, at what levels :

School Level

District Level

National Level

Write in detail if your ward has participated at School/District/National Level in any other activities

OTHER INTERESTS

SPORTS

Athletics

Sprints

Middle Dist. Run

Long Dist. Run

Long Jump

Hop, Step & Jump

High Jump

Discuss Throw

Shot Put

Javelin Throw

Gymnastics

High Horse

Roman Ring

Pommel Horse

Floor Exercises

Shooting

Boxing

Horse Riding

Skating

Swimming

Football

Badminton

Basketball

Cricket

Hockey

Squash

Tennis

Table Tennis

Volleyball

MUSIC

Popular Music

Classical Music

Western

Indian Vocal

Indian

Indian Instrumental

DANCE

Indian Classical

Indian Folk

Other (Specify)

FOOD HABITS

Vegetarian

Non-Vegetarian

Eggetarian

Health (if the has/had any health problems, please provide details) :

Date _____

Sign. of father _____

Sign. of Mother _____

Sign. of Child _____



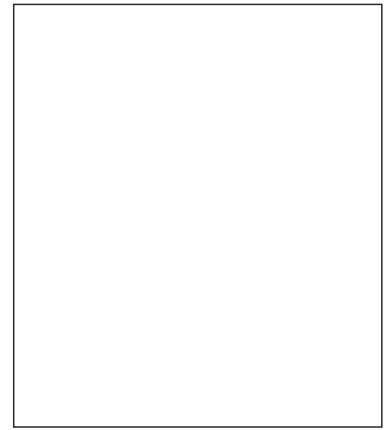
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MEDICAL



FORM

(Write in Capital letters)

Admission No. _____

FAMILY INFORMATION

Last Name of the Child

Middle Name

First Name

Date of Birth

Class

Religion

Last Name of the Father

Middle Name

First Name

Last Name of the Mother

Middle Name

First Name

Residential Address

_____ Tel. (with STD Code) _____

_____ Fax (with STD Code) _____

E-mail ID _____ Emergency Tel. No. (with STD Code) _____

Medical Information

Blood Group: Child _____ Mother _____ Father _____ Brother/Sister _____

Immunization Status : (Attach photocopy of Immunization Card)

| | |
|-----------------|-------------|
| BCG | Measles |
| OPV | MMR |
| DPT | Typhoid |
| BOOSTER FOR OPV | Hepatitis B |
| BOOSTER FOR DPT | Any other |

Allergies to Medicine & Food :

Birth history Complications /History of major illness, if any

MILESTONES

Antropometry

Height(cms) _____

Weight(Kg) _____

Checkup Date _____

General Hygiene _____

Oral Hygiene _____

General Examination

Build

Nutrition

Cyanosis

Jaundice

JVP

Oedema Swelling

Systematic Examination

Eye Sight

Ears

Nose

Throat

Oral Cavity

Chest

Abdomen

Skeletal System

Skin & Hair

Signature of Father/ Guardian

Signature of Mother/ Guardian

Regn. No. _____

Tel. _____

Name & Signature of Family Doctor

Date _____



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FORM OF APPLICATION FOR ADMISSION

Registration No. _____ Admission No. _____

1. Name of the Child : _____ M/F _____

2. Father's Name : _____ Occupation : _____

3. Mother's Name : _____ Occupation : _____

4. Permanent Address _____

5. Date of Birth : _____ 6. Nationality : _____ 7. Mother Tongue : _____

Date of Birth (In word): _____

8. Category : Gen. SC ST OBC EWS Disabled SG Child

9. Present Address of Father/Guardian : _____

_____ Phone No. (with STD/ISD Code) _____

E-mail ID : _____ Mobile _____

10. Desiring admission in class _____

(i) School last attended : _____ Board : _____

(ii) Class last attended : _____ T. C. No. & Date _____

(iii) Medium of Instruction in the last School : _____

11. We desire our son/ daughter/ward/to be a Boarder/Day Boarder _____

12. List of Visitors/Local Guardians authorized to meet the child and take him/herd out on school holidays :

| Name | Relation | Address |
|-----------|----------|---------|
| (a) _____ | _____ | _____ |
| (b) _____ | _____ | _____ |

13. LEGAL CONSENT STATEMENT MUST BE SIGNED

I _____ (Parent) authorize Vidya Sanskar School to arrange for the necessary medical tests and treatment, including emergency surgery, use of anesthesia, for my child _____ (Name of the child) to the best professional judgement of the licensed Medical and Nursing personnel of Vidya Sanskar School or the District Hospital, Patna. I also authorize Vidya Sanskar School to take my ward on School Outings/Trips/ Picnic etc. at my own risk.

DECLARATION

I agree to abide by the Rules and Regulations of Vidya Sanskar School, printed in the Prospectus and to pay the school fee in advance. I wish my child/ward to be brought up in accordance with the existing arrangements in the School.

Date: _____ Signature Father/Guardian Signature Mother/Guardian

FOR USE BY THE SCHOOL

Date of Joining : _____ Class to which admitted : _____

Scholar No. : _____ House allotted : _____