



Sri Sai Baba International Public School
Chidderwala, Dehradun - Haridwar Highway,
Rishikesh - 249204, Distt. Dehradun (UA) INDIA

Please affix a
recent passport
size
photograph of
the child

Serial No. R

Please complete the form in **BLOCK LETTERS**

Name _____
(Surname First Middle)

Known as (if different from above) _____

Date of birth (attach copy of certificate) _____

Male **Female**

Class in which studying _____ **Class applied for** _____

**Name and address of present school & length of time
attended** _____

(Attach mark sheet of the previous class if applicable)

Nationality _____

Religion _____

Does the child enjoy good health and join in all normal activities? _____

(Attach report if any special health considerations)

Mother Tongue _____

Parent Information

Father Name _____ **Mother Name** _____

Parent's status

Profession/ Indian Resident

Occupation _____

Foreign National

Address _____

NRI

NRI, SAARC Country

Phone(s) _____

FAX _____

E-mail _____

Class I

(5yrs & 6 months)

Class II

(6yrs & 6 months)

Class III

(7yrs & 6 months)

Min. age* requirement

Name _____

(The parent to whom reports and Accounts are to be sent)

For pupils who live outside India

Name : _____

Address : _____

Contact No. : _____

(Add a year to every next of a local guardian who may be contacted in an emergency class)

DECLARATION

I have read the School prospectus and all that is written therein is acceptable to me. I understand and agree that the registration of my child/ward does not guarantee admission into the School and that the Registration fee is neither transferable nor refundable. I understand that the School’s decision on admission will be final and binding.

I have attached a copy of my child’s Birth Certificate and the mark sheet of his previous class. If my child is granted admission, I will send the Transfer Certificate within six months of my child joining the School.

I certify that my child/ward is not suffering from any contagious, constitutional or hereditary disease or infirmity. In case my child has a special medical problem ,I have attached a report.

I certify that the particulars given in the Registration Form are correct. In case any particulars are found to be incorrect at a later stage, the Registration/Admission will be cancelled without any refunds.

I certify that no case is pending in the Court of Law concerning my child/ward.

I shall abide by the rules and regulations of the School in force from time to time.

Date: _____

Place: _____

Signature _____

(Parent/Legal guardian)

FOR OFFICE USE ONLY

REGISTRATION ADMISSION

Reg./Adm. No. AS/ : _____

Receipt No: _____

Date: _____

Amount : _____

D.D. No/Dated : _____

Bank : _____

Accountant Principal

All payments to the School are to be made by Cash/Demand Draft in favour of Sri Sai Baba International Public School