

# ST. THOMAS SCHOOL

Sector-IV ,Lajpat Nagar , Ghaziabad 201005 (U.P)

Phone : 0120-2630677,2631336

Email : [stthomas\\_in@rediffmail.com](mailto:stthomas_in@rediffmail.com); Website : [www.stthomasghaziabad.org](http://www.stthomasghaziabad.org)

FORM No. :



PHOTO

(Recent  
Photograph to  
be affixed)

## REGISTRATION FORM (2018 – 19)

CLASS : \_\_\_\_\_.

Use **CAPITAL LETTERS** to fill the form

1. a. Name of the Child		
b. Nationality:	Religion :	Caste :
c. Gender :	d. Category : <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC (Tick the appropriate & attach proof in case of SC, ST & OBC)	

e. Whether belongs to any Minority Community? If yes, specify which one :

f. Date of Birth

(In Figures)

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(In Words)

.....

g. Age as on 31<sup>st</sup> March  
2018

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Month/s	<input type="text"/>	<input type="text"/>	Day/s
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2. Parents' Details

Father's

Mother's

a. Name

b. Aadhar Card No

c.. Qualification

d. Profession /  
Designation

e. Office Address

f. Mobile No.

g. Email

3. Residential Address:

4. Permanent Address :

Pincode:

Tel No :

Pincode :

Tel No :

5. a. Guardian's Name <i>(If any)</i>		
b. Contact Address		
c. Tel No :	Mobile :	E-Mail:

6. Total Monthly income of the Family :

7. Name of real Brother/Sister studying in this school :

1. Name :	Class & Sec :	Admission No. :
2. Name :	Class & Sec :	Admission No. :

8. Last School Attended *( If any )* :

9. Congenital/genetic disease *(if any)* :

10. Whether Transport Facility is required :  
*(Transport facility is available on the selected routes only)*

**DECLARATION**

*I/We hereby certify that the above information provided by me/us/ is /are correct and I/We understand that if the information is/are found to be incorrect or false and the necessary supporting documents are not enclosed, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard.*

*I/we also understand that the application /registration/ short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.*

Date :                                  Signature of Mother :                                  Signature of Father :

**FOR OFFICE USE ONLY**

Received Rs ..... Reg .Receipt No:..... Date:.....

Authorized Signatory

Admission not granted / granted to class ..... Date :.....

**PRINCIPAL**

REGISTRATION SLIP  
**St.Thomas School**

Sector –IV , Lajpat Nagar, Sahibabad, Ghaziabad

PHOTO

1. Registration Slip No : .....

2. Name of the Child : .....

3. Father's Name /Guardian's Name : .....

4. Received (Non- Refundable) Registration Charges : .....



*It is essential to produce this slip at the time of interaction and admission.*



*Only the parents must accompany the child at the time of interaction.*



*Kindly deposit Rs. 500 /- as registration fee at the time of submission of form.*



*DO NOT STAPLE THE FORM.*

Authorized Signatory

**Documents to be submitted along with the Registration form :-**

1. *Self attested copy of the Birth Certificate* from Corporation/ Municipality/ Panchayat. (Affidavit or Hospital Certificate will not be accepted.) Any change in Date of Birth on later stage will not be accepted.
2. *Family photograph (Post card size, combined one). Photograph clicked on any other occasion will not be entertained.*
3. *Baptism Certificate & a Letter from the Parish Priest.* (For Christian Minority Students only)
4. Certified Copy of *BPL Card* issued by the Magistrate. (For BPL Category only)
5. *SC/ST/OBC Certificate* (If applicable) to be submitted.
6. *Affix recent passport size photographs* of the candidate at the designated places on the form.
7. *Residence Proof.* (Rent Deed, Registration of the House, Electricity/ Telephone Bill etc.)
8. Photocopy of Aadhar card.

**Documents needed at the Time of Interaction :-**

1. *Medical Fitness Certificate* of the Candidate.
2. **Originals of all the documents (as mentioned above) will be verified at the time of interaction.**

# ST. THOMAS SCHOOL, SAHIBABAD

## PROFORMA

**(To be submitted along with the Registration Form)**

Name of the Child : \_\_\_\_\_ Class (to be admitted) \_\_\_\_\_

Father's Name : \_\_\_\_\_

Why do you prefer your ward's admission in St.Thomas School ? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TICK MARK WHERE EVER NECESSARY

Is the child living with both the parents? Yes  No

If, No, with whom? \_\_\_\_\_ Why? \_\_\_\_\_

Are both the parents employed? Yes  No

Do you have sufficient time to take care of your ward's studies at home? Yes  No

If, No, who will take care? \_\_\_\_\_

Is the Child suffering from any ailment or disease? Yes  No

If Yes, What? \_\_\_\_\_

What are the sources of income?  Salary  Business  Property  Rent  Agriculture

Are you able to bear the educational expenses? Yes  No

Do you encourage your ward to take part in extracurricular activities? Yes  No

Are you able to bear the additional expenses for other activities i.e. Sports, Annual Day, Picnic, competitions and examinations organized by outside agencies, Exhibitions, Social Work, Contribution for

Charitable Purposes etc? Yes  No

Will you encourage your ward to speak in English? Yes  No

Do you agree to abide by the School rules and regulations? Yes  No

In which field can school seek your help? Medical  Legal  Academic  Political

or any other (please specify) \_\_\_\_\_

### Signature of Parents

Father \_\_\_\_\_

Mother \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_