ST. THOMAS SCHOOL

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

Phone: 0120-2630677, 2631336

Email: stthomas_ln@rediffmail.com

Website: www.stthomasghaziabad.org

PHOTO (Affix the Family photo of the Student along with Father & Mother)



PHOTO (Recent Photograph of the Student to be

affixed)

		ADMISSIO	N FO	RM	(201	19 - '2	20)					
CLASS FOR WHICH	I ADM	ISSION IS SOUGHT:					FR	OM NO	.:			
		Use CAPIT	AL LETT	TERS t	to fill t	he form						
1. a. Name of the C	hild :							b. Aa	b. Aadhar Card No.			
c. Nationality :		d	d. Religion :				e. Ca	e. Caste :				
	Г	e. Category : 🗌 Ger				OBC	🗆 EW				G Child	
d. Gender: M	F	(Tick the appropriate									Ŋ	
f. Whether belong	to any	y Minority Commun	ity? If ye	es, Sp	ecify	which o	one :					
g. Congenital/Gen	etic di	sease (if any)										
h. Blood Group :		i. Date of Birth		D	D	Μ	Μ	Y	Y	Y	Y	
		(In Figure)										
		(In Words)										
j. Age as on 31 st Ma	arch 2	019		Years Month/s Day/s				Day/s				
k. Mother Tougue	:		l.]	Home	e Tow	n :						
2. Parent's Detail			Father's	5				M	lother	S		
a. Name :												
b. Aadhar Card No	.:											
c. Qualification												
d. Profession & De	signa	tion										
e. Office Address												
f. Mobile No.												
g. Email												
3. Present Residen	ntial A	ddress :		4. Permanent Address :								
Pincode :		Tel No.:		Pine	code :			T	'el No.:			

5. Details of Guardian (If any)					
Name & Address					
Tel No.:	Mobile :		E-Mail :		
6. Total Monthly income of the Fa	amily :		I		
7. Name of real Brother (s) / Sist	er (s) studying in	this school	:		
1. Name:	C	lass & Sec:		Admission	n No.:
2. Name:	(lass & Sec:		Admission	ı No.:
8. a. Name of the previous school	l:				
b. The class last attended and previous school.	address of the				
c. No. & date of T.C. issued by p	revious school :				
d. Whether previous school wa	s affiliated with	CBSE : (YES	/ NO)		
e. If, the previous school was n	ot affiliated with	CBSE, Speci	fy name of tl	ne Board :	
f. Result of previous examinati	on: 🗌 Passe	ed	🗌 Failed	g. Percenta	age :
13. Whether the transfer certific	ate is attached :	□ YES			10
	DECL	ARATION			
I/we also understand that the a my ward. I/we accept the proce decision taken by the school aut If any information or documen same. I shall abide by the rules of the s	ess of admission horities. It supplied by m	undertaken	by the schoo	ol and I/we	will abide by the
Date : Signatur	re of Mother :		Sig	nature of Fat	ther :
	FOR OFFI	<u>CE USE C</u>	<u>NLY</u>		
Received Rs:I	Reg. Receipt No:_			Date:	
				Auth	orized Signatory
Admission not granted / granted	l to class			Date:	
Admission considered by the sch	nool is in accorda	nce with the	e provisions	of the Board	& Approved.
					PRINCIPAL

	REGISTRATION SLIP	
	St. Thomas School	РНОТО
	Sector – IV, Lajpat Nagar, Sahibabad, Ghaziabad	
1.	Registration Slip No :	
2.	Name of the Child :	
3.	Father's Name / Guardian's Name :	
4.	Received (Non-Refunable) 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 denosit Rs. 500/- as registration fee at the time of submission of form.	
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	DO NOT STAPLE THE FORM. Au ments to be submitted along with the Admission form: - Self-attest copy of Birth Certificate from Nagar Nigam/ Municipal Corporation/ Gr (Affidavit or Hospital Certificate will not be accepted) Any change in Date of Birth	ram Panchayat. on later stage will no
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ST. THOMAS SCHOOL, SAHIBABAD PROFORMA (To be submitted along with the Admission Form) : _____ Class (to be admitted) _____ Name of the Child **Father's Name** Why do you prefer your ward's admission in St. Thomas School? : ______ TICK MARK WHERE EVER NECESSARY Yes 🗖 No 🗖 \triangleright Is the child living with both the parents? If, No, with whom? _____ Why? _____ ≻ Are both the parents employed? Yes 🗖 No 🗖 \triangleright Do you have sufficient time to take care of your ward's studies at home? Yes 🗖 No 🗖 \triangleright If, No, who will take care? _____ ≻ \triangleright Is the Child suffering from any ailment or disease? Yes 🗖 No 🗖 If Yes, What? _____ \triangleright What are the sources of income? Salary Business Property 🗖 Rent Agriculture Are you able to bear the educational expenses? No 🗖 Yes 🗖 ≻ No 🗖 \triangleright Dou you encourage your ward to take part in extracurricular activities? Yes 🗖 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 Purpose etc? Yes 🗖 No 🗖 Will you encourage your ward to speak in English? Yes 🗖 No 🗖 \geq \triangleright Do you agree to abide by the School rules and regulations? Yes 🗖 No 🗖 Medical 🗖 In which field can school seek your help? Legal 🔲 Academic 🗖 Political 🗖 \triangleright Or any other (Please specify) _____ ≻ **Signature of Parents** Father _____ Mother _____

Name _____

Name _____