

# 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)

## ADMISSION FORM (2019 - '20)

CLASS FOR WHICH ADMISSION IS SOUGHT: \_\_\_\_\_ FROM NO.: \_\_\_\_\_

Use **CAPITAL LETTERS** to fill the form

1. a. Name of the Child :		b. Aadhar Card No.					
c. Nationality :		d. Religion :		e. Caste :			
d. Gender:	M	F	e. Category : <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> Disabled <input type="checkbox"/> SG Child (Tick the appropriate & attach proof in case of SC, ST, OBC, EWS, Disabled & SG Child)				
f. Whether belong to any Minority Community? If yes, Specify which one :							
g. Congenital/Genetic disease (if any)							
h. Blood Group :		i. Date of Birth (In Figure)		D D M M Y Y Y Y			
		(In Words)		.....			
j. Age as on 31 <sup>st</sup> March 2019		[ ][ ] Years		[ ][ ] Month/s		[ ][ ] Day/s	
k. Mother Tongue :		l. Home Town :					
2. Parent's Detail		Father's		Mother's			
a. Name :							
b. Aadhar Card No.:							
c. Qualification							
d. Profession & Designation							
e. Office Address							
f. Mobile No.							
g. Email							
3. Present Residential Address :			4. Permanent Address :				
Pincode :			Tel No.:				
Pincode :			Tel No.:				

5. Details of Guardian <i>(If any)</i>		
Name & Address		
Tel No.:	Mobile :	E-Mail :

6. Total Monthly income of the Family :

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

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

8. a. Name of the previous school :

b. The class last attended and address of the previous school.

c. No. & date of T.C. issued by previous school :

d. Whether previous school was affiliated with CBSE : (YES / NO)

e. If, the previous school was not affiliated with CBSE, Specify name of the Board :

f. Result of previous examination :  Passed  Failed g. Percentage :

13. Whether the transfer certificate is attached :  YES  NO

### 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.*

*If any information or document supplied by me found to be incorrect, I will be responsible for the same.*

*I shall abide by the rules of the school.*

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: \_\_\_\_\_

Admission considered by the school is in accordance with the provisions of the Board & Approved.

**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-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 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 Admission form: -**

1. *Self-attest copy of Birth Certificate from Nagar Nigam/ Municipal Corporation/ Gram 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 Student only)*
4. *SC/ST/OBC Certificate (If applicable) to be submitted.*
5. *Affix recent passport photographs of the candidate at the designated places on the form.*
6. *Residence Proof (Aadhar Card, Voter Id, Rent Deed, Registration of the House, Electricity/Telephone Bill)*

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

1. *Medical Fitness Certificate of the Candidate.*
2. **Original of 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 Purpose 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 \_\_\_\_\_