



**Santoshbhai Mehta Foundation's**

**SAROJ MEHTA INTERNATIONAL SCHOOL (CBSE)**

SR NO.1342 1/1 DAPOLI-PALVANI ROAD, KARANJANI, TAL-DAPOLI, DIST-RATNAGIRI

OFFICE: H.N. 17, FAMILY MAL, DAPOLI-HARNAI ROAD, NEAR LIC OFFICE, DAPOLI,  
DIST-RATNAGIRI. PIN-415712

Phone No : 02358-280508

Email ID : [spm0057@gmail.com](mailto:spm0057@gmail.com)

**APPLICATION FORM**

**APPLICATION NO.**

**FOR OFFICE USE ONLY:**

**ADMISSION STATUS**  **ADMITTED**  **REGISTERED**

**ADMISSION NUMBER** **REG.NO.**

**DATE OF ADMISSION**

PHOTO

**Please fill in block letters**

**(I)-STUDENT'S DETAILS**

**FIRST NAME:** \_\_\_\_\_

**FATHER NAME:** \_\_\_\_\_ **MOTHER NAME :** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

**PERMANENT ADDRESS :** \_\_\_\_\_

**EMERGENCY CONTACT NUMBER :(R)** \_\_\_\_\_ **(M)** \_\_\_\_\_

**DATE OF BIRTH:**

**GENDER:** MALE  FEMALE

**RELIGION:** \_\_\_\_\_ **CASTE:** \_\_\_\_\_ **SUBCASTE:** \_\_\_\_\_

**CATEGORY:** GEN  OBC/SBC  SC/ST/NT  OTHERS (PLEASE SPECIFY)

**MOTHER TONGUE:** \_\_\_\_\_ **NATIONALITY:** \_\_\_\_\_

**CLASS TO WHICH ADMISSION SOUGHT:** \_\_\_\_\_

**CURRICULAM OFFERED IN PREVIOUS SCHOOL:** CBSE  ICSE  STATE BOARD  OTHER

**SCHOOL TRANSPORT REQUIRED:** YES  NO

**CATERING:** YES  NO

**DAY CARE FACILITY REQUIRED:** YES  NO

**II-PARENT DETAILS**

**FATHER**

**MOTHER**

SURNAME : \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

QUALIFICATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME : \_\_\_\_\_

ANNUAL INCOME APPROXIMATELY: \_\_\_\_\_

**III-CONTACT NO**

RESIDENTIAL PHONE NO: \_\_\_\_\_

OFFICE PHONE NO : \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

E-MAIL ID: \_\_\_\_\_

DESIGNATION : \_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_

**FAMILY DETAILS**

**STUDENT'S SIBLING DETAILS**

1) NAME:- \_\_\_\_\_ GRADE:- \_\_\_\_\_ SCHOOL:- \_\_\_\_\_

2) NAME:- \_\_\_\_\_ GRADE:- \_\_\_\_\_ SCHOOL:- \_\_\_\_\_

**PARENTS(S)/ GUARDIAN RESOURCES**

We are keen to use the talent and resources that are available in the school community and that can enrich our school program. Please indicate if you may be able to make any special contribution to SMIS such as.

- Substitute Teaching  Classroom Volunteer  Field Trip Chaperone
- After School Tutoring  Specialized Teaching of Music  Library Assistance
- Art  Dance  Drama  Coaching Sports

Talking to Children describing some aspect of your work or hobbies for any other activity (please mentioned)

## **STUDENT'S MEDICAL RECORD**

NAME : \_\_\_\_\_

CLASS/SEC : \_\_\_\_\_ D.O.B : \_\_\_/\_\_\_/\_\_\_ GENDER : \_\_\_\_\_

WEIGHT : \_\_\_\_\_ HIGHT : \_\_\_\_\_

EYES : \_\_\_\_\_

TEETH : \_\_\_\_\_

EARS : \_\_\_\_\_

BLOOD GROUP : \_\_\_\_\_

VISIBLE BIRTH MARK : \_\_\_\_\_

FAMILY DOCTOR'S NAME AND ADDRESS : \_\_\_\_\_

\_\_\_\_\_

### **Responsibility in an emergency (please read carefully) :**

In an emergency, I authorize the school to provide consent for medical attention for my child. I agree to my child receiving such medical or surgical treatment as deemed necessary by the medical authorities. I ready to pay for the necessary expenses of medicine & doctor charges. I understand that critical health information which will impact on my child's education or will be given to persons responsible for my child's care.

Name : \_\_\_\_\_

\_\_\_\_\_  
**Signature**

Relationship to Student : \_\_\_\_\_

Date :    /    /20

**DECLARATION:**

- 1) We fully understand that in the event of any information being found false or incorrect, registration and admission of our ward may be cancelled.
- 2) We also declare that the date of birth and spelling of the name of our ward are correctly given in this form and that we shall NOT make a request for any change later on.
- 3) Acknowledge that school rules and policies as well as its fee structure may change from the time to time, sometimes due to external factors such as change in the law, government regulations, guidance or market conditions.
- 4) We are fully aware that the fees once paid is not refundable or transferable under any circumstances.
- 5) We also agree that the school accepts no liability for the services provided and we agree to indemnify the school for the same.
- 6) We hereby solemnly declare that all the statements made in the above form are true and correct to the best of our knowledge and belief.
- 7) We have carefully read the rules and regulation laid down in the Registration Form and School Prospectus. We are keen to have our ward educated in Sr.No 1342 1/1 Dapoli-Palavani Road, Karanjani Tal. Dapoli, Dist. Ratnagiri 415712. We hereby agree to abide by them.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

**Date :**    /    /20

**Place :**

\_\_\_\_\_  
Guardian's Signature

# ADMINISTRATION FORM

## DECLARATION :

My son/daughter/ward \_\_\_\_\_  
Of Grade \_\_\_\_\_ Sec \_\_\_\_\_ will be availing the following facilities:

**1. Transport :**  YES  No

(If yes, kindly fill the following.)

Landmark : \_\_\_\_\_

Telephone No : Residence : \_\_\_\_\_ Office : \_\_\_\_\_ Mobile : \_\_\_\_\_

(If no, please make sure parents themselves come to drop and pick up their children from school campus please specify the name & mobile no.

**No auto rickshaws or school vans should be engaged for this purpose (For security purpose of child).**

**2. Catering :**  YES  No

(If yes, please mention any food allergies that your child may have.)

\_\_\_\_\_  
\_\_\_\_\_

**3. Day Care :**  YES  No

(For pre-primary & Primary section)

I fully understand that the school will not hold any liability for the above transport and catering arrangements and I indemnify the school for the same.

Parent's/Guardians Signature : \_\_\_\_\_ Date : / /20

Accountant's Signature : \_\_\_\_\_ Date : / /20

## FOR OFFICE USE ONLY

Transport (w.e.f): \_\_\_\_\_ Catering (w.e.f.) \_\_\_\_\_

Vehicle Number : \_\_\_\_\_ Name of driver : \_\_\_\_\_

Pick-up point : \_\_\_\_\_ Drop-off point : \_\_\_\_\_

Administration Officer's Signature : \_\_\_\_\_

## FOR OFFICE USE ONLY

**Document check list (please Tick ✓) :**

	<b>YES</b>	<b>NO</b>
1. Admission Form duly completed	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of Original Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. One passport size photograph each of mother & father or Guardians	<input type="checkbox"/>	<input type="checkbox"/>
4. Ten passport size photographs of child	<input type="checkbox"/>	<input type="checkbox"/>
5. Original Transfer Certificates/School Leaving Certificates duly attested (For Grade 2 and above)	<input type="checkbox"/>	<input type="checkbox"/>
6. Photo copy of original mark sheet of last examination passed (Only for the examinee age group)	<input type="checkbox"/>	<input type="checkbox"/>
7. Copy of Residential Address proof	<input type="checkbox"/>	<input type="checkbox"/>
Photographs of the parents, guardians to be attached to admission form.		