



Santoshbhai Mehta Foundation's

SAROJ MEHTA PRE-PRIMARY SCHOOL

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

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 APPROXIMATLY: _____

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 SMPPS 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 : _____

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Document check list (please Tick ✓) :	YES	NO
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 Photographs of the parents, guardians to be attached to admission form.	<input type="checkbox"/>	<input type="checkbox"/>