



SANTOSHBHAI MEHTA FOUNDATION'S

SAROJ MEHTA INTERNATIONAL SCHOOL, (CBSE) KARANJANI

Address : Sr.No-1342. 1/1, Dapoli - Palavani Road, Karanjani, Tal. Dapoli, Dist. Ratnagiri.

Application No.

Application Form

Date Class to which admission is being sought Academic Year

Admission Sought as Full Boarder Day Boarder

Photo

❖ Student's Detail

(Use BLOCK Letters Only)

Student's Name

(As entered in L.C.
Passport or Birth
Certificate)

Gender

Boy

Girl

Only Child

Yes

No

Age

Date of Birth DD

MM

YYYY

Visible Birth Mark

Place of Birth

District

State

Mother tongue

Religion Caste

Nationality

Whether belonging to Scheduled Cast/Scheduled Tribe

Yes

No

Passport No.

Valid up to

Residential Address

City

Pin

State



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Scholastic Details

Current School

(Where the child is studying now)

Address

City

Pin

State

Subjects Studied

Medium of Instruction

Curriculum offered in previous school (CBSE ICSE State Board) TICK MARK APPROPRIATE

Reason for withdrawal from previous school

Aadhaar Card No.

Second language studied

Third language studied

whether Promoted or not

Yes

No

Sports, Game and Activity (Any Achievements)

Interest and Hobbies (Any Achievements)

Name & Address of previous schools attended

Institutions	Grade	Udise No.

Languages opted at SMISK :

i) Second language Hindi (Compulsory for Class I to VIII)

ii) Third language Marathi Sanskrit (Tick any one)



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Family Details

Student is living with Both parents Mother Father

If other than both parents Name relationship

Parents separated /Divorced Father deceased Mother deceased

Language(s) spoken at home

English is spoken at home Yes No

Father's Name

Qualification &

Occupation Email id

Telephone (Resi.) Mobile

Company Name& Address

Mother's Name

Qualification & Occupation

Annual Income & of

father & mother

Address of Correspondence

(Father/Mother/Guardian)

Pin

Emergency Contact Relationship

Telephone Nos. to call



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Sibling Details

Name	M/F	Date of Birth	Standard

Parent (s)/Guardian Resources

We are keen to use 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 SMISK such as:

Substitute Teaching	<input type="checkbox"/>	Classroom Volunteer	<input type="checkbox"/>	Field Trip Chaperone	<input type="checkbox"/>
After School Tutoring	<input type="checkbox"/>	Specialized Teaching of Music	<input type="checkbox"/>	Library Assistance	<input type="checkbox"/>
Art <input type="checkbox"/> Dance	<input type="checkbox"/>	Drama	<input type="checkbox"/>	Coaching Sport	<input type="checkbox"/>

Talking to children describing some aspect of your work or hobbies

For any other activity (please mentioned)

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Declaration

- 1) I hereby solemnly declare that all the statements made in the above form are true and correct to the best of my knowledge and belief.
- 2) I fully understand that in the event of any information being found false or incorrect, registration and admission of my ward may be cancelled.
- 3) I also declare that the date of birth and spelling of the name of my ward are correctly given in this form and I shall NOT make a request for any change later on.
- 4) I have carefully read the rules and regulation laid down in the Registration Form and School Prospectus. I am keen to have my ward educated in SAROJ MEHTA INTERNATIONAL SCHOOL, Dapoli, Ratnagiri. I hereby agree to abide by them.

Place

Signature

Date

Name of the Father/Mother/Legal Guardian

FOR OFFICE USE ONLY

Documents Submitted

- | | | |
|--|--|-----------------------------|
| 1) Birth Certificate | 2) Leaving Certificate | 3) Photocopy of Report Card |
| 4) Address Proof | 5) Photographs (8 identity Size) | |
| 6) Migration Certificate (Std XI Only) | 7) Character Certificate (Std XI Only) | |



SAROJ MEHTA INTERNATIONAL SCHOOL, (CBSE) KARANJANI

MEDICAL EXAMINATION REPORT

Personal Information (Filled on)

(DD) (MM) (YYYY)

Student's Name : _____

Birth Date Sex (Male/Female)

(DD) (MM) (YYYY)

Surname First Name Middle Name

Emergency Contact

Person to call Relationship Tel. Nos. to call

Family doctor's Name Tel. No.

Blood Group Height Weight Vision

Allergies

Is your child allergic to anything? Yes/No

If yes, what is your child allergic to?

What is the reaction?

What is the treatment?

Epilepsy

Does your child have epilepsy Yes/ No

If yes, Please provide details

.....

Asthma

Does your child have asthma? Yes/No

If yes, please enclose a complete Asthma Management Plan

Is your Child physically challenged? Yes/No

If 'yes' please describe and attach any relevant information

.....

Has your child ever had hearing difficulty? Yes/No If yes, please mention

Has your child ever had problems? Yes/No If yes, please mention

Hospitalizatio

Has your son/daughter been hospitalized in last 5 year? Yes/No

If so, for what reason?

Does your child have a medical condition the school should know about?

please describe



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Is your child currently taking any medicine? Yes/No Y N

Please indicate the type and purpose

Other Medical Condition

If yes, please provide details

For our information

Any medication to be administered at school requires a prescription from the medical practitioner treating your child. The medication from the pharmacist should be accompanied by the prescription provided by the doctor, showing the name of the drug, the dosage and frequency of administration, the name of the student and the prescribing doctor.

A range of non-prescription medication are held in the Medical Center for the treatment of minor conditions. These include mild pain relievers. Antihistamines, non steroid anti-inflammatory tablets and gels, common cold preparation and antacids. These would be administered by the school nurse or the school doctor.

Please list any medications that you DO NOT want administered to your child.

History of immunization

Please state the date of the vaccination for

Diphtheria	Tetanus	Pertussis (Whoopiny Cough)
Polio	Mumps/Measles/Rubella	
Hepatitis A	Hepatitis B	Infuenza
Encephalitis	Rabies	Tuberculosis

Any other information which will be helpful

I declare that information I have provided on this form is complete and correct and that I will notify the Medical Center in any charges are required to be made.

Date : D D M M Y Y Y Y

Parent's / Guardian's Signature

Responsibility in an emergency – (please read carefully)

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

Name :

Relationship to student

Signature

Date : D D M M Y Y Y Y



Undertaking by Parents

Undertaking

(To be signed and returned with the Application Form by the Parent)

Name of the student :

Class & School :

I understand that my son/daughter is granted admission to SAROJ MEHTA INTERNATIONAL SCHOOL on the following terms and conditions:

Transfer/Leaving Certificate

⇒ That I am required to deposit the Transfer/Leaving Certificate from the previous school within 15 day of his/her joining the school, failing which the Principal will have the right to cancel the admission.

⇒ In case of the non-submission of the Transfer/Leaving Certificate for whatsoever reason and my child is not allowed to appear the Board Examination, I will not hold school responsible for the same.

Fees

⇒ That I am to deposit the fees in full on or before the due date.

⇒ That there will be no refund of fees if the child is withdrawn from the school for whatsoever reason.

⇒ That in case a child is withdrawn in middle of an academic year for whatsoever reason, I will pay the full fees for the entire academic year.

Leave

⇒ That I have studied the leave rules of the Institute. I agree to the condition that leave will not be sanctioned to the students for the following :

- a) To after religious or personal functions, such as Raksha Bandhan, Birthday Celebration etc.
- b) On the illness of relative
- c) To attend marriage of relatives

⇒ leave will not be sanctioned during the Examination period

⇒ I also understand that no leave will be granted to the student unless I apply for it directly to the Principal, at least 3 days in advance.

⇒ I also agree that no deduction of any kind of fees will be done when my word is on leave. I have to pay the regular fees of my ward.

Discipline

⇒ That if my word leaves the school campus without permission, the school authority may lodge an F.I.R. with the Local Police Station and I will have no right to question and raise objections to this action. The school will not be responsible for mishap in such circumstances. My ward may considered for re-admission only after satisfactory explanation in from me and my ward, for his leaving the campus and after paying a fine 5000/- Re-admission of my ward will be at the discretion of the Principal

That the student is liable for removal from the school for

- a) Immorality
- b) Behavior Problem of indiscipline
- c) Stealing or extortion of money/items from other students
- d) Non co-operation and irresponsible behavior
- e) Bullying, assaulting and ragging in any form
- f) Using unfair means in any examination



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- g) Using of any word or action likely to damage/undermine the reputation of the institution
 - h) Consistent unsatisfactory progress
 - i) Conduct harmful to other students
 - j) Habitual idleness and disobedience
 - k) Damaging school Property
 - l) Rude behavior of parents/guardian forwards any member of school staff/authority
 - m) Nonpayment of school dues.
- That no eatables will be sent to the student**
- That the student will not be given any cash any money required for the student will be sent to the School Office.**
- That no valuables like gold chain, ring, fm, I port mp3 DVD, video game etc. are to be given to the student and that the school does not take responsibility for the loss of any such valuables. No types of Mobiles are to be given to be the students any mobile given to / found with the student will be confiscated and a fine of Rs. 10,000/- will be imposed**
- Any disciplinary action taken against my child by the school will be binding on me and will not represent against such action**

➤ **Medical Aid/ Accidents**

That the school will do its best to provide normal medical aid, but the school will not held responsible for any untoward incident/mishaps/accident despite its best effort. This applies also to all accidents which may occur in the science-laboratories, workshop and sport field, gymnastic, boxing, rock climbing trekking, mountaineering, microcline flying, Para sailing, swimming, educational tours or journeys to or from the school.

➤ **Telephone**

Parents may call will the child/children one in fifteen days and E-mail at any time as per the rules of the school.

➤ **Dress Code**

That my Child will follow the Dress Code of the School, which is as under, a)

That my child will follow the Dress Code of the School, which is as under,

- a) Tight and Transparent outfits are not allowed
- b) Girls are not allowed to were sleeveless, spaghetti tops, transparent and tight T-Shirts
- c) Clothes and T-Shirt with risque print or symbols are not allowed.
- d) Children will only the uniform/shoes approved by the school.

Name of the Parent :

Signature _____