



# St. Mary's Christian School



Affiliated to C.B.S.E., Delhi, Vide No. 2130486  
 A-Block, Shalimar Garden Extn.-II, Sahibabad, Ghaziabad, U.P. (NCR)  
 Phone: 0120-2633850/49, 2631502, 2632002/03  
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[FILL IN CAPITAL LETTERS]

## REGISTRATION / ADMISSION FORM

FORM NO.

Father

Mother

Child

### Siblings in SMCS

Name	Class
_____	_____
_____	_____
_____	_____

Admission No.

### INFORMATION OF CHILD

Last Name

Middle Name

First Name

Gender

Male  Female

Date of Birth

Date of Birth in Words

Age as on 31<sup>st</sup> March 20\_\_

Class for which Admission is sought

Nationality

Religion

Area to which belongs

Rural  Urban

Category to which belongs [In case SC/ST/OBC, attach an attested copy of Certificate from the competent authority]

Gen  OBC  SC  Minority (Specify)

Emergency Contact Telephone Numbers :

Mother

Father

Guardian

### FAMILY INFORMATION

#### Father

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Annual Income:	
3)		Office Address & Tel. : _____	
Email :			

#### Mother

Name :		Age :	Nationality :
Educational Qualification(Schooling onwards)	Institution /University	Organisation Working for:	
1)		Designation:	
2)		Annual Income:	
3)		Office Address & Tel. : _____	
Email :			

**Guardian** Name : \_\_\_\_\_ Age : \_\_\_\_\_ Nationality : \_\_\_\_\_

Educational Qualification (Highest)	Institution /University	Photograph
Organisation Working for: _____		
Designation: _____		
Office Address _____		
Tel.: _____	Gmail.: _____	

**Paternal Grandmother** : Name : \_\_\_\_\_ Organisation Working for: \_\_\_\_\_

Educational Qualification (Highest)	Institution /University	Designation: _____
		Off. Add. & Tel.: _____

**Paternal Grandmother** : Name : \_\_\_\_\_ Organisation Working for: \_\_\_\_\_

Educational Qualification (Highest)	Institution /University	Designation: _____
		Off. Add. & Tel.: _____

**Maternal Grandfather** : Name : \_\_\_\_\_ Organisation Working for: \_\_\_\_\_

Educational Qualification (Highest)	Institution /University	Designation: _____
		Off. Add. & Tel.: _____

**Maternal Grandmother** : Name : \_\_\_\_\_ Organisation Working for: \_\_\_\_\_

Educational Qualification (Highest)	Institution /University	Designation: _____
		Off. Add. & Tel.: _____

If parents are divorced, living separately or widowed, with whom is the child living :  
\_\_\_\_\_

**Brother / Sister:**

Name :	Age :	Institution where studying now	Class	Admission No (if in SMCS)
1.				
2.				
3.				

**RESIDENTIAL ADDRESS:**

Tel.: _____ Mobile: _____

**CORRESPONDENCE ADDRESS :**

Tel.: _____ Mobile: _____

Is there any medical information about your child / ward which the school should be aware of:

--

**TRANSPORTATION**

*Note : Request for transport facility may not be considered later on if answer is 'NO'.*

Is School Transportation required? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, pick up point : _____

# ACADEMIC DETAILS

## ACADEMIC BACKGROUND

Previous School : _____	Final Grades of Previous Year
	English :
Board to which affiliated : _____	Hindi :
	Maths :
Any outstanding achievement : _____	Social Science/ EVS :
	Science :

## SUBJECTS SELECTED (Class IX to XII)

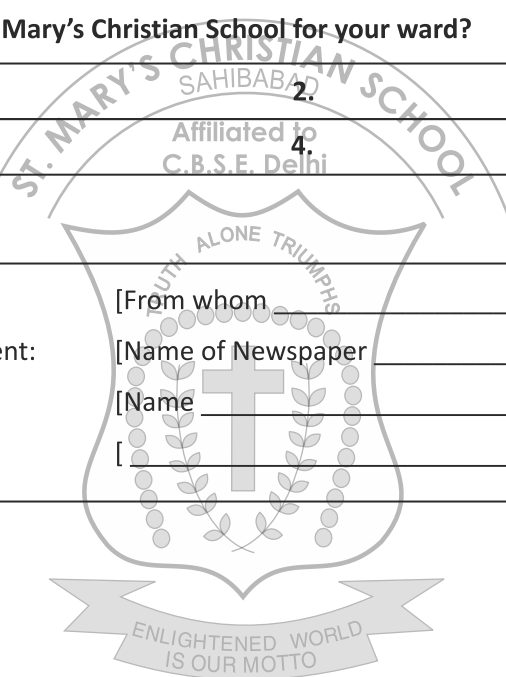
1.	2.	3.
4.	5.	6.

What are your reasons for choosing St. Mary's Christian School for your ward?

1.	2.
3.	4.

How did you learn about "SMCS" ?

<input type="checkbox"/> Through word of mouth:	[From whom _____]
<input type="checkbox"/> Through Newspaper Advertisement:	[Name of Newspaper _____]
<input type="checkbox"/> Through Pre-School:	[Name _____]
<input type="checkbox"/> Any other:	[ _____ ]



## St. Mary's Christian School, Sahibabad

Form No. \_\_\_\_\_

### Registration Slip

Received Registration Form in respect of \_\_\_\_\_

Son / Daughter of \_\_\_\_\_ seeking admission for class \_\_\_\_\_

You are required to bring your ward for his / her interaction with Principal / Teacher on \_\_\_\_\_

**Note :**

1. *Incomplete forms will not be accepted*
2. *FEE ONCE PAID IS NOT REFUNDABLE OR TRANSFERABLE FOR ANY REASON WHATSOEVER*

*(a) Kindly produce this slip at the time of interaction.*

*(b) It is essential that both parents must accompany the child for final interaction, if short-listed.*

**LIST OF DOCUMENTS TO BE ENCLOSED WITH THE REGISTRATION FORM :**

1. (a) Photocopy of Birth Certificate (Attested) and 1 (b) Aadhar card copies of child and both parents/guardian
2. Copy of the Last Report Card of the Previous Class /Half yearly result if mid session admission
3. Residence Proof
4. Vaccination Proof
5. Blood Group
6. Original Transfer Certificate (TC) of the previous school duly counter signed by the respective school
7. Photocopies of caste, category and minority certificate as applicable

**SIGNATURES :**

I hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. I have read and do hereby consent to the Terms and Conditions being enclosed with the Registration Form.

\_\_\_\_\_ Date:  \_\_\_\_\_  
Signature of Father/ Guardian Signature of Mother/ Guardian

Date:

**FOR OFFICE USE:**

Test Date: ..... Time: ..... For Class: ..... of .....  
Session ..... Date: .....  
Reference.....  
Remarks : .....  
.....  
.....  
Signature of Receiver

**FEE PAYMENT DETAIL**

**CASH/CHQ/OTHERS**

Amount..... Chq No ..... Date.....  
Receipt No..... Bank.....

Receiver 's Signature  
.....

