

ST. THOMAS SCHOOL

Gyan Khand - II, Indirapuram, Ghaziabad 201014 (U.P)

Phone : 0120-2606159,2607441

Email : stthomas_ind@rediffmail.com; Website : www.stthomasghaziabad.org

FORM No. :



PHOTO

(Recent
Photograph to be
affixed)

REGISTRATION FORM (2015 - 16) CLASS : NURSERY

Use **CAPITAL LETTERS** to fill the form

1. a. Name of the Child			
b. Nationality:	Religion :	Caste :	
c. Gender :	d. Category : <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC (Tick the appropriate & attach proof in case of SC, ST & OBC)		

e. Whether belongs to any Minority Community? If yes, specify which one :

f. Date of Birth

(In Figures)

(In Words)

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.....

g. Age as on 31st March
2015

Years Month/s Day/s

2. Parents' Details

Father's

Mother's

a. Name

b. Qualification

c. Profession /
Designation

d. Office Address

e. Mobile No.

f. Email

3. Residential Address:

4. Permanent Address :

Pincode:

Tel No :

Pincode :

Tel No :

5. a. Guardian's Name <i>(If any)</i>			
b. Contact Address			
c. Tel No :	Mobile :	E-Mail:	

6. Total Monthly income of the Family :

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

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

8. Last School Attended *(If any)* :

9. Congenital/genetic disease *(if any)* :

10. Whether Transport Facility is required :
(Transport facility is available on the selected routes only)

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.

Date :	Signature of Mother :	Signature of Father :
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FOR OFFICE USE ONLY

Received Rs Reg .Receipt No:..... Date:.....

Authorized Signatory

Admission not granted / granted to class Date :.....

PRINCIPAL

REGISTRATION SLIP FOR NURSERY

St. Thomas School

Gyan Khand II, Indirapuram, Ghaziabad

PHOTO

1. Registration Slip No :
2. Name of the Child :
3. Father's Name /Guardian's Name :
4. Received (Non- Refundable) 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 Registration forms :-

1. *Attested Copy (by a gazetted officer) of the Birth Certificate* from Corporation/ Municipality/ Panchayat. (Affidavit or Hospital Certificate will not be accepted.) Any change in Date of Birth on later stage will not be accepted.
2. *Baptism Certificate & a Letter from the Parish Priest.* (For Christian Minority Students only)
3. *Certified Copy of BPL Card* issued by the Magistrate. (For BPL Category only)
4. *SC/ST/OBC Certificate* (If applicable) to be submitted.
5. *Affix recent passport size photographs* at the designated places on the form.
6. *Residence Proof.* (Rent Deed, Registration of the House, Electricity/ Telephone Bill etc.)

Documents needed at the Time of Interaction :-

1. *Medical Fitness Certificate* of the Candidate.
2. *Family Photograph (Postcard Size, Combined one).* *Photograph clicked on any other occasion will not be entertained.*
3. ***Originals of all the documents (as mentioned above) will be verified at the time of interaction.***

ST. THOMAS SCHOOL, INDIRAPURAM

PROFORMA

(To be submitted along with the Registration Form)

Name of the Child : _____ Class (to be admitted) _____

Father's Name : _____

Address : _____

Mother's Name : _____

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 Purposes 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 _____