



SAFA HIGH SCHOOL

ADMISSION FORM

For office use only

Regn. No.	Date of Regn.	ID No.
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Use only block letters. Please provide all details without leaving blank spaces.

Admission to Class _____ Academic year _____

Student Name: _____

Date of Birth : _____ Age : _____

Gender: Male / Female _____ Years _____ Months _____ Days

Permanent Address: _____

City: _____ Dist. _____

State: _____ Pin Code: _____

Current Passport Size Photo Of Child	Current Passport Size Photo Of Father	Current Passport Size Photo Of Mother
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Height: _____ Weight: _____ Blood Gr. _____ Religion _____

Cast: ()

SC		SC		OBC		Gen.		Others	
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FATHER DETAILS

Name: _____ Qualification: _____

Year of Passing: _____ College/ University Name: _____

Contact Number: _____ Mobile: _____

Nationality: _____ Religion: _____ Cast: _____

Occupation Type: ()

Service		Govt		Pvt.		Business	
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Others please specify: _____

MOTHER DETAILS

Name: _____ Qualification: _____

Year of Passing: _____ College/ University Name: _____

Contact Number: _____ Mobile: _____

Nationality: _____ Religion: _____ Cast: _____

Occupation Type: ()

Service		Govt		Pvt.		Business	
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Others please specify: _____

GUARDIAN CONTACT INFORMATION FOR COMMUNICATION

Contact Person Name: _____

Relationship with the student: _____

Permanent Address: _____
City: _____ Dist. _____
State: _____ Pin Code: _____
Primary Contact Nos.: (1) _____ (ii) _____

PREVIOUS SCHOOL DETAILS

Name of the School : _____
Address: _____
City: _____ Dist. _____
State: _____ Pin Code: _____
Contact Nos. with STD code: (1) _____ (ii) _____
Name of the principal: _____
Class Attending / Last attended: _____ Session: _____
Board: _____ Medium of Instruction: _____
Second Language : _____ Third Language: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Previous class report card	<input type="checkbox"/> 5 Photographs of student
<input type="checkbox"/> Address Proof	<input type="checkbox"/> 2-2 Photos of Parents	<input type="checkbox"/> Transfer Certificate
<input type="checkbox"/> Doctor Certificate		

I/ We _____ & _____
Parent of _____ have read the school rules & regulations and hereby agree to abide by the same. All the above details provided by me /us are true in all respect. In case of discrepancy with the facts, the school authority reserves the right to cancel the Registration Form as well as the admission of the child. I also hereby agree to abide by the school rule that the school reserves the right to issue compulsory transfer Certificate to the child for any act of indiscipline. I have fully understood these conditions and declarations.

ADMISSIONS, WITHDRAWALS & FEES

Before withdrawing a student from the school a month's notice is to be given or a month's fees in lieu of notice. No leaving certificate will be issued until all the dues of the school have been paid in full. 48 hrs. time should be given for issuing any certificate or document. All school fees are payable quarterly and by 12th of every month. If fees are not paid for 4 months, defaulters are re-admitted on payment of all arrears, fines, and re-admission fees.

CONDITIONS FOR REFUSAL OF ADMISSION

Admissions can be refused only on the basis of non-availability of seats (30 students per batch of a class). Admissions can also be refused on special needs ground, which is subject to approval of refusal reasons by Mission Success High School Head Office. Admissions will be granted on first come first serve basis till school reaches full capacity. Thereafter, admission shall be granted based on the draw of lots.

Signature of Father _____

Signature of Mother : _____