SVISG / Admn. / Form / 01

SADHU VASWANI INTERNATIONAL SCHOOL FOR GIRLS

2nd Street, Shantiniketan, New Delhi-110 021 Tel.: 011-49051185, 49051186, Mob.: 7065699785

REGISTRATION FORM

FOR ADMISSION TO CLASS _____

SESSION _____

FORM No. _____

(Photograph of Student)

1. Name of the Student (In block letters) :

   First Name : _____

   Middle Name (If any) : _____

   Surname : _____

2. Date of Birth :

   Date | Month | Year

   (In words) _____

3. Student's Aadhar Card No. _____

4. Mother Tongue : _____

5. Nationality : _____ Religion _____

6. Details of Parents

a Father's Name (In Block Letters) : _____ Age _____

Are you a single parent ? Yes ☐ No ☐

Qualification : _____

Profession : Govt. Service / Private Service / Business / Self - Employed

Designation: _____

Office Address if any : _____

_____

Residence Address : _____

Residence Tel. No. : _____ Off. Tel. No. _____

Mobile No. _____ E-mail _____

Is the job transferable? Yes ☐ No ☐ Date of last Interstate transfer : _____

Name of the station last posted to : _____

b. Mother's Name _____ Age _____
(In Block Letters)

Are you a single parent ? Yes ☐ No ☐

Qualification : _____

Profession : Service (Govt. / Private) / Business / Self-Employed / Homemaker

Designation : _____

Office Address, if any : _____

_____

Residence Address : _____

Residence Tel. No. : _____ Off. Tel. No.: _____

Mobile No. _____ E-mail : _____

Is the job transferable ? Yes ☐ No ☐ Date of last Interstate transfer : _____

Name of the station last posted to : _____

_____

C. Guardian's Name & Relation: _____
(In Block Letters)

Profession: _____

Designation : _____

Office Address (if any) : _____

_____ Off. Tel. No : _____

Residence Address : _____

_____

Residence Tel. No. : _____

Mobile No. : _____ E-mail : _____

7. Whether School Transport is required? Yes ☐ No ☐

If yes, Route No. _____ Stop (from Route List) _____

If not, are you in a position to provide your child with safe transportation to and from the school ?

Yes ☐ No ☐

Distance from School to the nearest bus stop _____Km.

8. Medical Information: Does the child have any medical or special needs?

If yes, give details with medical records and other relevant _____

9. Sibling (Real sister only) Yes ☐ No ☐

If sibling in SVISG, give details of sibling

Sibling's Name : _____

Class & Section : _____

10. School Alumni (Mother) Yes ☐ No ☐

If yes, Name as per the School Rolls : _____

Class & Year of pass out : _____ Admission No. : _____

11. Following information to be filled by the parents of the applicant :
To be filled by the

(a) Mother

(i) How many hours a day you spend with your daughter?

_____

_____

(ii) What are the various activities in which you are involved with your daughter?

_____

_____

(b) Father

(i) How many hours a day you spend with your daughter?

_____

_____

(ii) What are the various activities in which you are involved with your daughter?

_____

_____

13. Please register my daughter for admission _____ in your school.
I shall produce the requisite documents at the time of admission.

Signature

UNDERTAKING

I _____ father / mother of _____
hereby declare that the information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false.

Signature

General Instructions:

Please enclose the following documents alongwith the registration form:

1. Attested photocopy of birth certificate.
2. Residence proof (Aadhar Card / Ration card / Electricity Bill / Telephone bill etc.).
3. Income proof in case of admission in economically weaker section category - Income Certificate of SDM / Tehsildar / salary silp / latest income tax return.

Note: Incomplete forms will not be entertained.