|  |  |  |  |
| --- | --- | --- | --- |
| C:\Users\Santosh\Desktop\admissionformcoverpage\The Avadh School logo.jpg | **The Avadh School**

|  |
| --- |
| **5&6 VipulKhand, Gomti Nagar, Lucknow.Office: 8400120002, 8400120003** |
| **Email:** **theavadhschool@gmail.com** **Website:**[**www.theavadhschool.**](http://www.theavadhschool.c)**in** |

 |

**Admission Form 2020-21**

 Father Mother Student

**ADMISSION FORM - 2020-2021**

**Name of Student** (in block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General/SC/ST\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class for which admission is sought \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility required: Hostel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for Correspondence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Academic Background**

**School last attended ………………………………………………………………………………………………………………………………………………..**

**Session…………………………………............................................... Class………………………………………………………………………….**

**Any Outstanding Achievements…………………………………………………………………………………………………………………………….….**

**………………………………………………………………………………………………………………………………………………………………………………...**

**…………………………………………………………………………………………………………………………………………………………………………..…….**

**Medical Information (Compulsory)**

**Is your ward allergic to any medicine?.....................................................................................................**

**Blood Group……………………………………….. Any Medical Conditions………………………………………………………………**

**Family Information**

**Mother’s Name………………………………….…………………………………………………………………………………………………………………**

**Age…………………………………………Nationality………………………………………………………….……………………………………………………**

**Educational Qualification…………………………………………………………………………………………….……………………………………………**

**Organization working for…………………………………………………………………………………………..……………………………………………..**

**Designation……………………………………………………………………………………………………………….……………………………………………..**

**Office Address…………………………………………………………………………………………………………………………………………….……………**

**Annual Income…………………………………………………………………………………………………………………………..…………………………….**

**Landline No………….…………………………………………………………….. Mobile No…………………………………………………………………**

**Email Address:.………………………………………………………………………………………………………………………………………………………..**

**Father’s Name…………………………………………..……………………………………………………………………………………………………..**

**Age…………………………………………Nationality……………………………………………………………………………………………………………….**

**Educational Qualification………………………………………………………………………………………………………………………………………….**

**Organization working for………………………………………………………………………………………………………………………………………….**

**Designation…………………………………………………………………………………………………………………………………………………………..….**

**Annual Income…………………………………………………………………………………………………………………………..…………………………….**

**Office Address……………………………………………………………………………………………………….…………………………………………….…..**

**Landline No………………………………………………………..…….. Mobile No………………….…………………………………………..……….…**

**Email : ……………………………………………………………………………………………………………………………………………………………………..**

**If parents are divorced /living single, with whom is the child staying?**

**Name………………………………………………………………………………………………………………………………………………………….……………**

**Age………………………………………………………………………….……Relation with child……………………………………………….……………**

**Education Qualification………………………..…………………………………………………………………………………………………………………..**

**Residential Address…………………………………………………………………………………………………………………………….…………………..**

**…………………………………………………………………………………………………………………………………………………..………………………….**

**Landline No.…………………………………………..…………………….. Mobile No.……………………………………………..………………….….**

**Hostel**

**Is Hostel facility required, if yes, in which Class………….…………………………………………………………….………………………………**

**Note: Hostel Fee will be payable for 12 Months i.e. whole Academic year.**

**School**

**What are your reasons for selecting this School?.........................................................................................**

**Awareness about this school: .....................................................................................................................**

**Through word of mouth (Please mention whom)…………………………………………….……………………………………..…**

**Newspaper (Please mention the Newspaper)……………………………………………………..…………………………………….**

**Website…………………………………………………………………….…………………………Any Other………………………..………….**

**………………………………………………………………………………………………………………………………………………………………….**

**FEE**

**To be deposited latest by 15th of every month, else a late payment of Rs. 100/- will be charged per day. After one month the students name will be struck off from the school register, and they will have to pay re-admission charges.**

**Note:**

 **Admission will be cancelled if any false information or documents given. Once the fees is paid will not be refunded at any cost**

 **In case the parents withdraw the ward mid-session, the parents will have to pay the fees for entire session and same applies for the students availing boarding/transport facilities.**

**Signature....................................... Name….........................................................Date………………………………**

**For Official use only:**

**Admission: Granted/ Not Granted**

 **Principal’s Signature…………….…………………. Director’s Signature ……………………………………..Date…………………………**

**Office Use Only:**

**Admission Granted in Class ………………………………………………………………………………………..………………….**

**S.R. No. : ………………………………………………………………………………………………………………………………..………**

**Name of Student: ………………………………………………………………………………………………………………………………………..…**

**Mother’s Name :…………………………………………………………………………………………………………………………………………..**

**Father’s Name :……………………………………………………………………………………………………………………………………………**

**Guardian’s Name :……………………………………………………………………………………………………………………………………………**

**Address : ……………………………………………………………………………………………………………………………………………**

 **……………………………………………………………………………………………………………………………………………**

**Contact Nos. : ……………………………………………………………………………………………………………………………………………**

**Email : ……………………………………………………………………………………………………………………………………………**

**Document Received:**

1. **Photographs 4Nos. Yes/No**
2. **Birth Certificate(For Nursery, and K.G. Classes) Yes/No**
3. **Transfer Certificate Yes/ No**
4. **Report Card Yes/ No**
5. **Aadhar Card Yes/No**

**Signature Parent’s Signature**

****

**Class Teacher’s Copy :**

**Admission Granted in Class ………………………………………………………………………………………..………………….**

**S.R. No. : ………………………………………………………………………………………………………………………………..………**

**Name of Student: ………………………………………………………………………………………………………………………………………..…**

**Mother’s Name :…………………………………………………………………………………………………………………………………………..**

**Father’s Name :……………………………………………………………………………………………………………………………………………**

**Guardian’s Name :……………………………………………………………………………………………………………………………………………**

**Address : ……………………………………………………………………………………………………………………………………………**

 **……………………………………………………………………………………………………………………………………………**

**Contact Nos. : ……………………………………………………………………………………………………………………………………………**

**Email : ……………………………………………………………………………………………………………………………………………**

**Document Received:**

1. **Photographs 4Nos. Yes/No**
2. **Birth Certificate (For Nursery, and K.G. Classes) Yes/No**
3. **Transfer Certificate Yes/ No**
4. **Report Card Yes/ No**
5. **Aadhar Card Yes/No**

**Signature Parent’s Signature**

****