

ST. ANNE'S SCHOOL

A-Block, Nehru Colony, Haridwar Road, Dehradun (U.K.)
Ph.: 0135-2672929 • E-mail : sas.doon@gmail.com



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Recent passport size photograph Recent passport size photograph Recent passport size photograph Registration No.

	STUDENT	FATHER	MOTHER	Class Applied for
	-			Year
Na	ame Of Student	irsl Leave a space between	Middle	Last name and last name)
	Date of Birth		Gender:	Mother Tongue:
	Nationality		Religion	
	School Presently	Attending:		
	School Address:			
	City:	PIN	State:	
as the		pelled / rusticated / non producess of the School	omoted to the next class	Percentage /
	(i)			
	(ii)			
		f positions held in previous. Publications, Music.		rticipation in extra curricular activities

Is the child physically challenged or suffering from any major illness? If so, mention the type of disablity / illness.

Details of siblings (Brothers/Sisters)

Name	Age	Sex	Class	Name of School/College/ Organization

INFORMATION REGARDING PARENTS/GUARDIAN

betails of the Pather.
Name E-mail
Educational Qualifications Service Business Self Employed
Details of Profession/Occupation
Office Address
Phone (R) (O) Mobile
* Details of the Mother :
Name E-mail
Educational Qualifications
Details of Profession/Occupation Annual Income
Office Address
Phone (R) (O) Mobile
* Details of the Guardian/Person to be contacted in case of an emergency (Other than father/Mother):
Name Relationship with the Child
Residential Address
Phone (R) (O) Mobile
* Areas where parental interest / expertise could enrich the school. please () your interest (s): Music / Dance
Public Speaking Health / Sports Media /PR Painting / Sculpture

DECLARATION BY THE PARENT / GUARDIAN

- 1. I wish to enrol my ward for registration and agree to abide by all the rules and regulations of the School.
- 2. I understand that:

d. Original Medical Certificate.

e. Blood Group Certificate

Date:

Remark

- Registration / interaction does not guarantee admission.
 - The decision of the School authorities shall be final and binding in all matters.
- Permission is hereby granted to the School to seek medical assistance, even hospitalization for my ward in the event of any emergency when it is not possible to chorate me. In such event I will be responsible for all the expenses incurred. (i.e. transport, medical fees and administrative costs etc.)
- I will not hold the school responsible for any injury to my ward arising from an accident / untoward incident beyond the control of the School.

Yes

Yes

Place:

7. I hereby certify that the information given in this application is true and complete to best of my knowledge and belief.

- Permission is also granted for my ward to be included in any graphic material published by the School to illustrate the activities of the School.
 Documents attached:

 Attested copy of Birth Certificate.
 Attested copy of Latest Progress Report.
 Ves No NA
 NA
 Only NA
 NA
 NA
 NA
- I understand that providing false information could jeopardize acceptance/enrollment/continuance of my ward in this School.

No

No

NA

NA

	For Office Use only	
From Checked By	Result of Admission Test (If any)	
Date of Interaction		
Admission Granted : Standard	Not Granted	Date of Admission

Fee Receipt No. Amount Details entered in database by

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Signature of Parent / Guardian

Principal