St. Patrick's Academy
Manendragarh

CBSE School No.- 15238 UDISE Code-22012302402 CBSE Aff. No.- 3330178

Village-Choughada
Po-Manendragarh
Distt-Koriya, C.G. 497 442
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Application for School Admission

Name of the Student :

Father's Name :

Mother's Name :

Gender (Boy/Girl) : Date of Birth :

Class to which admission is sought : Class Studied :

Affix Recent Passport Size Colour Photograph of the Student

INSTRUCTIONS :

* Please fill the application form in CAPITAL LETTERS only.
* The application form is to be filled in by the Parent / Guardian.
* Submission of the application form does not mean admission is granted.
* The date of birth and the spelling of the pupil's name should be according to the last school records.
* The Transfer Certificate from the previous school and the progress report / transcript of the last examination appeared are mandatory.
* The fees once paid, will not be refunded.
* Please attach additional sheets for any extra information that you may wish to provide.
* It is the responsibility of the Parent/Guardian to intimate the school in writing if there are any changes in the details provided in the application form. Visitors will not be allowed to meet the students during the school hours. (For hostel students, only approved visitors are allowed during Visiting Hours).

Please ensure that all the following documents, which are required to complete the admission process (after the provisional admission is granted) are submitted.

At the time of application

1. Completed application form.
2. Progress report of the class last attended.
3. Copy of the Father's ID Proof
4. Copy of the Mother's ID Proof
5. Copy of the Child's Aadhar Card
6. Colour Photograph of the Student (5 Copies)
7. Parent's/Student's Bank Passbook photocopy

Office Use :

Received : 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ Admission Incharge

Upon receiving the Provisional Letter of Admission

8. Copy of the Birth Certificate
9. Transfer Certificate from the previous school
10. Migration Certificates for other Board/State Students
11. Other Documents (eg. Caste Certificate/Minority Certificate)

Office Use :

Received : 8. ☐ 9. ☐ 10. ☐ 11. ☐ Admission Incharge

Office Use :

Application Form No.

Date of Application

Academic Session

Filled in Application Received on

Post Admission

Admission No.

T.C. No & Date (of Previous School)

Student's Information

Student's Name : (As per Birth Certificate / Valid Passport)

Date of Birth : D D M M Y Y Y Y Height _____ Cm Weight _____ kg

Place of Birth : _____ Mother Tongue : _____

Nationality : _____ Religion : _____ Caste Category: SC ☐ ST ☐ OBC ☐ GEN ☐

Caste : _____

Current Address
(Please Inform the School office in case of any change)

_____

_____

_____ Pincode _____

Telephone No. _____

Address for Correspondence
(If different from Current Address)

_____

_____

_____ Pincode _____

Telephone No. _____

Academic Profile of the Student for the last 5 Years

(Till Current Std - to be filled, List most recent School First)

Name of the School	Std & Year	Curriculum Followed (e.g - State Board, Matric CBSE, ICSE.....)	Medium of Instruction	Second Language Studied	Third Language Studied	Promoted / Detained

Second Language opted at St. Patrick's Academy, Manendragarh : _____

Student's Interests

Activities / Sports / Arts (In order of interest)	Std / Class in which the student was involved	Does the student plan to continue this activity at SPA

Student's Accomplishments

Details of the Awards / Prizes won in Academics / Sports / other Activities	Std / Class in which the student was involved	✓	✗	**Levels of Achievement** (Intra-Mural, Inter School, Zonal, District, Divisional, State, National, International)

* Attach Copies of the supporting documents

Please check the appropriate answer

	Yes	No
* Has your child ever received a double promotion ? If 'yes' specify the standard _____	☐	☐
* Has your child ever been detained ? If 'yes' specify the standard _____	☐	☐

Emergency Contacts

1. Name : _____ Relationship with Student : _____
   Telephone No. : _____ Mobile No : _____
2. Name : _____ Relationship with Student : _____
   Telephone No. : _____ Mobile No : _____

MEDICAL HISTORY

(CONFIDENTIAL)

The following information is intended to help us in case of any emergency for your child / ward.

❖ Name and Telephone Numbers of contact people

Emergency Contact Name	Relationship to the Student	Home No.	Office No.	Mobile No.

- Identification Marks
  1. _____ Blood Group ☐
- Please put appropriate tick if your child suffers from any of the following : YES / ☑ NO ☒

  Any pre - existing medical or other condition that may affect the child.

  ☐ Asthma ☐ Epilepsy / Fits ☐ Fainting / Dizziness ☐ Blackouts / Migraines ☐ Recent Injuries
  ☐ Intellectual Disability ☐ Heart / Blood Related ☐ Back Problems ☐ Uneven Pupils ☐ Diabetes

  Others : _____
- Does your child have any Physical Disability : YES ☐ NO ☐ If YES, please specify : _____
  (Please attach authorised documents if any) _____
- Does your child have any Learning Disability : YES ☐ NO ☐ If YES, please specify : _____
  (Please attach authorised documents if any) _____
- Allergies : YES / NO
  If YES please describe : _____
  Describe Reaction : _____
- Immunisation
  It is particularly important that children are given proper immunisation at appropriate intervals. Parents are requested to attach a copy of the child's immunisation chart with the application.
- Medication
  Is it necessary for the child to carry their own medication at all times ? ☐ YES ☐ NO
  If YES please complete the following : Name of Drug : _____
  Dosage : _____ Frequency : _____
- Consent to Medical Attention
  I authorize the school authorities to administer first aid and call an ambulance if necessary for the medical attention of my child / ward. I agree to bear any cost thereby incurred.

  Signature of Parent or Guardian (1) : _____ Name _____ Date : _____
  Signature of Parent or Guardian (2) : _____ Name _____ Date : _____

Parent's Information

Father's Detail

Name :
Mobile No :
E.Mail :
Educational Qualification :
Profession / Designation :
Organisation :
Work Address :
Office Phone No :
Annual Income :

Mother's Detail

Name :
Mobile No :
E.Mail :
Educational Qualification :
Profession / Designation :
Organisation :
Work Address :
Office Phone No :
Annual Income :

Thank you.

Sibling Details

Name of Brothers and / or Sisters (List from the eldest to youngest)

Name of the Sibling	Gender M/F	Age	Std	School / College	City

Declaration :

I hereby apply for admission of the above named student to **St. Patrick's Academy, Manendrgarh** and certify that the information furnished by me is complete and correct to the best of my knowledge. I agree that my child and I will abide by the rules and regulations of the school. I declare that the school will not be liable for any damages / charges on account of injuries which may be sustained by the ward at any time during his / her stay in the school or while taking part in sports or other extra - curricular activities of the school. I understand that the fee once paid is not refundable / transferable.

Name of the Parent / Guardian : _____ Signature : _____

Relationship with Student . _____ Date : _____

Office Use :

1. _____ is selected / not selected for admission in _____ Std. during the academic year 20_ _ - 20_ _

2. Remarks : _____

Admission Incharge Principal