238'n 35	<b>CBSE affil</b>	iation no. 3330197, Moti risenshineschool@gmail	mpur road, Dham	
)		ADMISSION FOR	<u>M</u>	Admission Date:
			A	Admission No:
Affix photo of Father		Affix photo of Mother		Affix photo of Studer
Admission required for :				
to admit our son/daught <b>A</b> INFORMATION OF TH First Name	IE CHILD	ticulars are given belov le Name	vat Rise 'n' Shine ( Last Nat	
Gender Male Female	Date of Birth	Date of E	irth in words	
	DD MM	ҮҮ		
Blood Group	Religion	Caste		Nationality
Aadhar No.				
Community sc/st [ Languages known	OB	GEN	1	iers · Tongue
RESIDENTIAL ADDRESS		CORRE	SPONDENCE ADDF	RESS
Father's Mobile No.:			er's Mobile No.:	
E-mail :		E-ma	nil :	
Bus Facility Required: Distance from school (in	kms):		D Pickup/Drop :	
Emergency Contact No.	(Res/Mobile)	Name of the person to	be contacted	Relationship

## FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

### Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Single Parent: Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

## Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard
In case of staff ward:	Name o	f the parent:	

#### **B.** DETAILS OF PREVIOUS STUDY

Year	School		Standard/Grade	Grade/Marks obtained in final exams
The prev	vious school affiliated to:	CBSE CGBSE		OTHER
Awards	won so far in sports, arts or a	academics		
		pag	ge2	

MEDICAL HISTORY OF THE CHILD
BIRTH HISTORY :
Birth Details : Normal Caesarian
Mental status : Normal Abnormal
If Abnormal , Explain:
Does Child needs extra attention: Yes No
If Yes , What kind of
HEARING :
Any difficulty observed : Yes No
Any Consultation with doctor done : Yes No
If Yes, Explain:
VISION :
Any Consultation with doctor done: Yes No
Use of Spectacles/Corrective Lenses: Yes No
Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition:
Any Medication taken for general well being:
Any Allergy / any medical information that school should be aware of :
<ul> <li>C. ENCLOSURE (All documents are mandatory at the time of admission)</li> <li>Birth Certificate</li> <li>Transfer Certificate - Original Copy (if applicable)</li> <li>Study Certificate</li> <li>Passport size photos of child (03 copies)</li> <li>Passport size photos of parents (01 each)</li> <li>Aadhar Card copy of parents &amp; child</li> <li>Copies of progress report card of previous year</li> <li>Community Certificate: for SC, ST or OBC</li> <li>The above documents (recently attested photocopies) must be produced along with the filled application form.</li> <li>Please note: Staple all documents to the top left-hand corner of the application.</li> </ul>

# D. MISCELLANEOUS

How did you hear about the Rise 'n' Shine Convent School?

Name of the news paper	Website	Name of	the magazine	Other (please specify)/ Hoardings/pamphlets/
				word of mouth/catalogue
DECLARATION	have the	authority to adn	nit my child/ward	ł
into the school as the parent	/legal guardian. I undertake	e the responsibility	y of providing any	evidence needed to support the
				ed in this application are correct
my knowledge & if found oth fee structure of the school &				e to abide by the rules, regulation
			teu by my waru).	
Date				Signature of Parent/ Guardiar
	_			
			Nan Rela	ne
	<u>For Off</u>	ice use only	Y	
mit to Grade	Roll. No. Allotted		Date of Joini	ng
cuments Submitted	Originals	Photocopy		
th Certificate Marks				
	_			
eet Transfer Certificate				
gration Certificate				
				Decise size al
				Principal Seal & Signature
marks: –				

