

YEAR APPLIED FOR

DATE OF SUBMISSION


vedaant[®] VIDHYAKULUM

 Photo
Student

Form No.

REGISTRATION FORM

PARENTS MUST FILL UP THE FORM IN THIER OWN HANDWRITING IN CAPITAL LETTERS ONLY

SURNAME

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MIDDLE NAME

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FIRST NAME

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Date of Birth

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 Age (on 1 April of the
Year applied for)

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Father's Name :

Mother's Name :

Mobile No (Father) : 1..... 2.....

Mobile No (Mother):1..... 2.....

E-Mail ID :

Present Class :Desired Class :

Religion : Nationality :

Caste (Category):GEN / ST / SC / OBCBlood Group :

Enclosures:

To be filled in office after receiving

- Attested copy of Birth Certificate
- Attested copy of Mark Sheet of last qualified exam (Exempted upto Class I)
- TC (for class I & above) should be submitted within 15 days of confirmation of admission.
- 3 Passport size photographs of student.
- 1 Passport size photograph of Father, Mother & local guardian (If any)
- Child ID/SSSM ID (Issued by Gram Panchayat / Nagar Nigam)
- Aadhar Card No.
- Attested copy of Caste Certificate (SC / ST/ OBC only)

FOR OFFICE USE ONLY:

Year of Adm _____ Admission No. _____ Scholar No. _____ Adm. Date _____

 Facility Opted : Boarding Day Boarding Weekly Boarding Day Scholar

 Bus Facility: Yes No Bus No.

 Child Gender : Girl Boy Blood Group

Shanti Devi Welfare Society

Kanadia Road, Barodiya Kara, Indore, © 8225955500

www.vedaant.org, info@vedaantvidhyakulam.com, f vedaantvidhyakulam

Parents Information

Father

Mother

Name	:	.....	.....
Date of Birth	:	.....	.....
Qualification	:	.....	.....
Language	:	.....	.....
Address (Local)	:	.....	.....
	
City	:	.....Dist.....	.....Dist.....
Pin	:	.....State.....	.....State.....
Address (Permanent)	:	.....	.....
	
City	:	.....Dist.....	.....Dist.....
Pin	:	.....State.....	.....State.....
Occupation	:	.....	.....
Designation	:	.....	.....
Organization	:	.....	.....
Contact No. (Office)	:	.....	.....
Contact No. (Land Line):	:	.....	.....
Aadhar No.	:	.....	.....
Marital Status	:	Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> None <input type="checkbox"/>	

• School Facility Option:

I..... the parent of Mast/Miss.....class..... would like to avail School/Boarding/Weekly Boarding facility of School.

Parent's Signature

• Transportation Confirmation:

I.....the parent of Mast/Miss.....class..... would like to avail the school transportation from the station

Parent's Signature

●Meal Confirmation:

I..... the parent of Mast/Miss..... class would like to avail the lunch facility of the school.

Parent's Signature

●Hostel Registration Confirmation:

I..... the parent of Mast/Miss.....class..... would be availing the boarding facility of school w.e.f. _____ and would avail by the rules & regulations of boarding.

Parent Signature

●Sports Participation Confirmation:

I..... the parent of Mast/Miss..... class..... would like my child to participate in any/all sports _____, except _____/(N.A.) or may not in any sports.

Parent's Signature

●Health related information:

Health related information that the coach must be aware of about my child.

- 1.
2.
3.

I hereby give my consent for my ward to participate in interscholastic athletic activities as a participant of Vedaant Vidhyakulum. I also give my consent for the student to accompany the team or any of its local or out-of - state trips. I further authorized the school officials, through a certified health care specialist, qualified coach/staff, or a physician of its own choice, to provide any emergency and/or follow medical care that may become reasonably necessary for the student in the course of such athletic practice, competition or travel.

I agree not to hold the school authority or anyone acting on its behalf responsible for any injury incurred to the above named student in the course of such athletic event or travel. Furthermore, I certify that I know and understand the extent of the risks involved in the participation of interscholastic athletic activities.

Parent Signature

●Learning Profile :

Has the student ever been tested (or referred for testing) for any of the following :

Learning difficulties Yes [] No [] Behavioral Difficulties Yes [] No []
Emotional difficulties Yes [] No [] Physical Difficulties Yes [] No []

If Yes, Please describe

Has Children ever been evaluated by a psychiatrist, psychologist, speech /language

Therapist, educational diagnostician or other specialist? Yes [] No []

If Yes, please specify which type of specialist and send a copy of the report.....

Is the student now, or has he/she ever been on any long-term medication? Yes [] No []

If Yes, please explain

Has the student ever skipped a grade /class in a school ? Yes/No if Yes, which grade/class?.....

Please explain the circumstances

● Learning Profile :

Name of previous School Language of Instruction

Address of previous School.....Phone No.....

Has the student been suspended / expelled from any school? Yes No

If Yes, please explain the circumstances

● Sibling Details :

Name of Student :

Current Class :

Present School :

Affix a clear photograph of Parent/Guardian/Driver who can pick / Collect student from School.



Photo
Father

Father



Photo
Mother

Mother



Photo
Guardian 1



Photo
Guardian 2

.....
Signature Father

Name :

Relation :

.....
Signature Mother

Signature:

● Parents Undertaking – Declaration

I / WE undertake the information & documents in this form are true & correct. I/We understand that any misleading or incorrect information may disqualify the child for the admission in the school.

I/We agree to comply with all the rules & regulations of the school including those relating to timely payment of the fees & late fee charges.

I/We fully understand that the school, on accepting the registration form of my ward is not bound to grant admission & also agree that the decision of the school administration regarding grant admission will be final & binding on me.

Date :

Signature :

Place :

Name :

Relation with Candidates :

.....
Signature Father

.....
Signature Mother

Accountant
Signature



Principal
Signature

