



Shrunga International School

Affiliated to ICSE Board New delhi
Dunnasandra cross , Devangondhi road, Banglore-67
contact :- 8892919013,9008037684
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Application No

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Registration form 2020-21

**Affix a Recent
passport
Size Photograph**

APPLICATION FOR REGISTRATION

General Instructions 1) Fill the form in BLOCK LETTERS Only 2) To be filled and signed only by Parents.
Names and DOB entered in this form will be treated as final and no changes will be accepted in future.

Grade Applied for **For Academic Session**

Office Use Only D D M M Y Y Y Y

Receipt No. Date

Student Information

Name of the Student (As per Birth Certificate / Passport)

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Date of Birth
(in figures) D D M M Y Y Y Y

Gender : Male Female 0

In Words

Age as on 31st May

Place of Birth
(City & Country)

Nationality

Aadhar Card No

Blood Group

Religion

Caste SC / ST / Ili BC / OBC / Others

Please Tick (✓) Please specify Caste and category, enclose Certificate

Mother Tongue

Whether School transport required Yes 0 / No 0

Family Details (Please Tick ✓ the name of the person to be contacted in case of Emergency)

Father's Full Name (as per proof attached) 1-7

Mother's Full Name (as per proof attached)

.....
Educational Qualification

.....
Educational Qualification

Employed / Self-Employed

Employed / Self-Employed

Occupation

Occupation

Designation

Designation

Name of the Organisation

Name of the Organisation

Phone number Office

Phone number Office

Annual Income

Annual Income

Mobile Number

Mobile Number

E-Mail

E-Mail

Aadhar Card No:

Aadhar Card No

Residential Address

Guardian Details

Full Name of the Guardian

Relationship with the child

Residential Address

Mobile

E-mail

Other Details

Single Parent (Please tick V if applicable)

Father

Mother

In case Parents are separated, custody of the child is with (Please tick ✓ if applicable)

Father

Mother

Copy of Court Order / Death Certificate to be attached, if applicable

Second Language and Third Language Selection

Second Language (Prep II to X) Kannada Hindi Sanskrit French

Third Language (Grade V to VIII) Kannada Hindi Sanskrit French

Academic Record

School last attended

Board of the School last attended

City

State Country

Grade previously studied in

Number of years in the previous School

Reasons for withdrawal

Detail of previous schooling & grades or marks obtained in last exam

Year From - to	School Name	English	Language	Mathematics	Science	Social Science

Languages formally studied - First Second Third

Sports, Games and Activities involved in

Recent Accomplishments
.....
.....

Submitted transfer Certificate (Please tick v) ['Yes I=1 No

T.C. No

School DISE Code

Student Enrollment Number

Sibling Details (to be filled in if applicable)

	Sibling 1	Sibling 2
Name
School & Grade Studying in
Date of Birth

In case parent is (Please tick ✓ if applicable)

School Alumni (Presidency)	Yes	No	Copy of 10th/12th grade mark sheet to be attached
School Staff (PGI)	Yes	No	Copy of Employee ID Card to be attached

Check list for parents

- | | |
|---|--|
| 1. 6 Passport size Photographs | 5. School Performance Report |
| 2. Birth Certificate in original | 6. Post card size family photograph |
| 3. Copy of Passport (Foreign Nationals) | 7. Copy of Caste Certificate (if applicable) |
| 4. Transfer Certificate | 8. Copy of Aadhar Card |

Declaration

I/ We hereby certify that the above information provided by me/ us is correct and I/ we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/ admission process without any correspondence in this regard.

I/ We also understand that the application/ registration/ shortlisting does not guarantee admission to my ward. I/ we accept the process of admission undertaken by the school and I/ we will abide by the decision taken by the school authorities.

Date: Father (sign) Mother (sign) Guardian (sign)
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For Office Use

Admission Status: Admitted On Hold Rejected

Principal's Remarks

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Principal's Signature

Date

Health History Form

Name of Student Grade

Blood Group Weight Kgs Height Cms

Name of the Parent

Address

Phone /Mobile

Neighbour / Friend / Relative to be called in an emergency to reach Parents (Name)

Phone / Mobile

Physician to be called in an emergency (Name)

Address

Phone /Mobile

Has your child ever had any of the following illness?if so, when?

Name	Yes/No	Date	Name	Yes/No	Date
Chickenpox			Epilepsy		
Measles			Tuberculosis		
German Measles			Whooping Cough		
Mumps			Ear Condition		
Diphtheria			Operation (Name)		
Rheumatic Fever			Asthma		
Heart Disease			Allergies		
Poliomyelitis			Serious injury (Name)		
Diabetes Mellitus			Others		

Has your child had any of the following Protective measures? if so, when ?

Name	Yes/No	Date	Name	Yes/No	Date
BCG Vaccination			Tetanus		
Polio			Hepatitis A & B		
MMR			Whooping Cough		
Mumps			Others		

Date of last physical Check up

D D M M Y Y Y Y

If there is anything concerning the health of your child, which the school should know, please attach an additional sheet with this form (Include such things as eyesight, allergies and any specific disability)

Date :

Signature of Parent / Guardian

D D M M Y Y Y Y