



ORCHID CITY INTERNATIONAL SCHOOL

Ashirwad Bhavan, Girls high school Square to maltekadi road, Amravati-444602

Phone No. 2663132

Mob. 98236 88033 / 94231 23311



ADMISSION FORM

Session 20 -20

*FOR OFFICE USE ONLY

Registration Serial Number	Date of Registration	Receipt Number
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*USE ONLY BLOCK LETTERS, PLEASE PROVIDE ALL DETAILS WITHOUT LEAVING BLANK

Admission to class -

Full Name of the Child. _____ Sex _____

Date of Birth _____ Age as on 1ST July 20 ____ Years, ____ Months ____ Days.

Residential Address _____

City. _____ Pincode _____ State _____

Height _____ Weight _____ Blood Group _____ Religion _____

Caste:- SC / ST / NT / OBC / SBC / OPEN / OTHER Give Details _____

Child's Current
Colour Photo

Mother's Current
Colour Photo

Father's Current
Colour Photo

Guardian's Current
Colour Photo
If Child is not living
with Parents/not
having Parents

Mother's Full Name _____

Educational Qualification. _____ Professional Qualification _____

Occupation / Profession _____

Date of Birth _____ Blood Group _____ Monthly Income Rs. _____

Office Address _____

Phone Numbers- (R)- _____ 0)- _____ M)- _____

Caste:- SC / ST / NT / OBC / SBC / OPEN / OTHER Give Details _____

Father's Full Name _____

Educational Qualification. _____ Professional Qualification _____

Occupation / Profession _____

Date of Birth _____ Blood Group _____ Monthly Income Rs. _____

Office Address _____

Phone Numbers- (R)- _____ 0)- _____ M)- _____

Caste:- SC / ST / NT / OBC / SBC / OPEN / OTHER Give Details _____

Guardian's Full Name _____

Educational Qualification. _____ Professional Qualification _____

Occupation / Profession _____

Date of Birth _____ Blood Group _____ Monthly Income Rs. _____

Office Address _____

Phone Numbers- (R)- _____ 0)- _____ M)- _____

Caste:- SC / ST / NT / OBC / SBC / OPEN / OTHER Give Details _____

Sibling Details :-

1) Name _____ DOB _____

School _____ Class _____

3) Name _____ DOB _____

School _____ Class _____

3) Name _____ DOB _____

School _____ Class _____

***Please attach the following documents (Laminated)**

- | | | | | | |
|----------------------------|--------------------------|-----------------------------------|--------------------------|----------------------------------|--------------------------|
| Birth Certificate Original | <input type="checkbox"/> | Previous Class Report Card | <input type="checkbox"/> | 2 Colour Photographs of Parents | <input type="checkbox"/> |
| Address Proof | <input type="checkbox"/> | Transfer Certificate | <input type="checkbox"/> | 2 Colour Photographs of Guardian | <input type="checkbox"/> |
| Doctor's Certificate | <input type="checkbox"/> | I D Proof of Parents and Guardian | <input type="checkbox"/> | 5 Colour Photographs of Child | <input type="checkbox"/> |

Any Other Information not Covered Above and _____

***Declaration by Parents / Guardian**

We/I _____ and _____

Parents / Guardian of _____ certify that the

information filled above is true to the best of my knowledge. We / I have read the school's Prospectus

carefully and satisfied by the information we seek from the school's authority. We / I shall abide by

the RULES and REGULATIONS of the school.

We / I agree to pay promptly all the prescribed FEES which may be revised from time to time.

We / I also undertake to abide by the Principal's decision in regard to matters of discipline arising

out of my child / ward not conforming to RULES and REGULATIONS.

Date :-

Signature of Mother _____ Name _____

Date :-

Signature of Father _____ Name _____

Date :-

Signature of Guardian _____ Name _____

*** FOR OFFICE USE ONLY**

A)

All the information filled by the parents / guardian found to be correct / incorrect / incomplete.

The admission committee / in charge recommends / not recommends to admit the child.

Reasons :- _____

Admit into Std. _____ Section _____ Date _____

Signatures of Committee Members / In Charge

1) Sign. _____ Name _____

Principal's Signature _____ Date _____

B)

Fee received Rs. _____ Rt.No. _____ Dated _____

Accountant's Sign _____

C)

Certified that all the entries have been made in school Admission Register.

Office Assistant's Name _____ Sign & Date _____

D)

Noted in class Attendance Register

Class Teacher's Name _____ Sign & Date _____