



Estd. 1999 | Suryadatta Education Foundation's  
**SURYADATTA NATIONAL SCHOOL (SNS)**

Affiliated to CBSE Board (Affiliation No.: 1130572)  
**(SURYA - KIDS : PRE PRIMARY SECTION)**

Recognized by Govt. of Maharashtra (U-DISE Code No. 27251014726)

Campus : "SURYABHAVAN" S. No : 342, Patil Nagar, Bavdhan (Bk.), Pune - 411 021

Tel No : 020-67901332 / 67901300 | Fax : 020-67901333 | M : 8956932413, 9595943821, 9763266829

Email : admission@suryadatta.edu.in, Website : www.suryadattaschool.org / www.suryadatta.org



**CLASSROOMS THAT INSPIRE CREATIVITY, CULTURE AND CHARACTER.**

Form No. : \_\_\_\_\_

**ADMISSION FORM**

Paste  
Hologram  
Here

Name of the child /Student  
(capital letters)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Date of Birth(in figures)

\_\_\_\_\_

2. Place of Birth

\_\_\_\_\_

3. Age as on 1st July

\_\_\_\_\_ Years

\_\_\_\_\_ Months

\_\_\_\_\_ Days

4. Sex (Please tick)

Male \_\_\_\_\_

Female \_\_\_\_\_

5. Nationality of the child

\_\_\_\_\_

6. Religion

\_\_\_\_\_

7. Caste

\_\_\_\_\_

8. Category

\_\_\_\_\_

9. Mother Tongue

\_\_\_\_\_

10. Studying in class

\_\_\_\_\_

11. Applying for class

\_\_\_\_\_

12. Parents Details

Father's  
Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's  
Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardian  
Details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Email ID

\_\_\_\_\_

\_\_\_\_\_

No information pertaining to my / our ward be parted with, to any person unless expressly authorised by me/us.

14. Residential Address \_\_\_\_\_

Pin Code \_\_\_\_\_

15. Father's Work place & Details : \_\_\_\_\_

Organization Name, Designation & Department

Mother's Work place & Details : \_\_\_\_\_

Organization Name, Designation & Department

16. Previous School Details (for admission to Std. I to X only - Last two schools)

\_\_\_\_\_  
Name of the School \_\_\_\_\_ Period of Schooling \_\_\_\_\_

17. Details of brother or sister (not cousins) studying in the School.

Name of the child

Class/Section

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. How did you come to know about SURYADATTA?

(a) Print Media

(b) Friends

(c) Website

(d) Exhibition

(e) Advertisement

(f) Any other source \_\_\_\_\_

19. Brief Information about your family : \_\_\_\_\_

20. Language spoken frequently at home : \_\_\_\_\_

Please  
Affix child's  
Photograph here

Please  
Affix Mother's  
Photograph here

Please  
Affix Father's  
Photograph here

### CERTIFICATE FROM PARENTS

We hereby certify that the information given above is correct . We fully understand that the school on accepting the admission form of my ward is not in any way obliged to grant admission.

We have also read and understood the rules and regulations & other points mentioned in the Prospectus. We solemnly undertake that we will abide by all the rules & code of conduct mentioned therein.

We also agree that the decision of the Principal / Chairman regarding admission will be final and binding on us.

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

Date : \_\_\_\_\_

Place : \_\_\_\_\_

# MEDICAL FORM OF STUDENT

Name : \_\_\_\_\_

Blood Group : \_\_\_\_\_

## Record of immunization (Please complete by ticking "Yes", "No", "Uncertain")

1. Japanese encephalitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	6. Poliomyelitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
2. Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	7. Tetanus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
3. Mumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	8. Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
4. Diphtheria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	9. Rabies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>
5. Whooping Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uncertain <input type="checkbox"/>	10. Any other please give detail : _____			

## Details of any serious illnesses, operations or accidents (fractures etc) including dates :

1. \_\_\_\_\_ Period \_\_\_\_\_

2. \_\_\_\_\_ Period \_\_\_\_\_

- Does your child suffer from any physical disability?  Yes  No
- Does your child suffer from Asthma?  Yes  No
- Has your child ever had Chicken Pox?  Yes  No

Particulars of any allergies (eg. Peanut allergy) : \_\_\_\_\_

- Is your child a vegetarian?  Yes  No
- Any religious beliefs affecting diet?  Yes  No
- Does your child have a hearing problem?  Yes  No
- Does your child wear prescription glasses?  Yes  No
- Is your child on any medication?  Yes  No
- Has your child ever been tested for behavioral problems or disorders?  Yes  No

## For Treatment of emergency

Do you authorize the Principal to approve the administration of an anesthetic where necessary and in the opinion of the Medical officer and for treatment of emergency when you cannot be contacted?  Yes  No

Medical Details (To contact in case of emergency) : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Signature of Parents /Guardians 1. \_\_\_\_\_ 2. \_\_\_\_\_ Date: / /

**For Office Use only**  
**DOCUMENTS SUBMITTED**

Birth Certificate : Original / Photo Copy       Report Card - Photo Copy       Medical Report

School Leaving Certificate (If Applicable)       Caste Certificate       3 Passport Size Photo

Latest Report Card (if Applicable)       Any other \_\_\_\_\_

Counselling Conducted by \_\_\_\_\_ Date \_\_\_\_\_

Remark : \_\_\_\_\_

**ADMISSION GRANTED / NOT GRANTED / WAIT LISTED / PROVISIONAL**

Counsellor's Signature

Principal's Signature

**Date of Admission :**

		Receipt Number	Date of Payment	Amount Paid in Rs.	Sign. of Counsellor
<b>Admission Fees</b>					
<b>Registration Fees</b>					
<b>Set of Books</b>					
<b>Tuition Fees</b>	<b>1st Installment</b>				
	<b>2nd Installment</b>				
<b>Any other Fees</b>					
<b>Remarks</b>					