



Paras Public School

REGISTRATION FORM

Village-Nahariya (Bhourasa),
Berasia Dist. Bhopal-463106
Contact: +91 9479326003, 8962489888
E-mail: ppsberasia@gmail.com

Scholar No.

Affix applicants
passport size
photograph here

Admission For Day School Boarding School

1. Full Name of the Child: _____
(Block Letters)
3. Nationality: _____ 3. Gender: M F
4. Date of Birth: _____ 5. Place of Birth: _____
(Please mention the correct date of birth, supported by relevant document. No further changes will acceptable by school after admission)
6. Cast: SC ST OBC GEN
(In case of OBC/SC/ST submit supporting document/certificate)
7. SSSM ID: _____ 8. Family ID: _____ 9. Aadhar ID: _____
10. Bank Account Holder Name: _____
11. Bank Account No: _____ 12. IFS Code: _____
13. Bank Name
14. Cast Certificate No: _____ 15. Fathers Annual Income: _____
16. Class to which admission is confirmed: _____ For academic Session: _____
17. Address for communication _____

18. Permanent address (if any) : _____
19. Emergency No. (one number for SMS only father's / mother's) : _____
20. Parent's information

Father	Mother
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Education: _____	Education: _____
Occupation: _____	Occupation: _____
Name of organization: _____	Name of organization: _____
Designation: _____	Designation: _____
Office Telephone: _____	Office Telephone: _____
E-mail: _____	E-mail: _____
Mobile No.: _____	Mobile No.: _____
21. The parents are: Married Divorced Separated Widowed
22. Child lives with: Both parents Father Mother Guardian
23. If child is an adopted child please tick: Yes No
24. Name and address of local Guardian (if any) : _____
_____ Telephone : _____
Mobile: _____ E-mail: _____
25. Residential Telephone No. : _____
26. Details of brothers & sisters in chronological order, including the admission

Name	Age	M/F	School	Class	SSSM ID
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

27. If a sibling (real brother/sister) is also studying in this school give details.

Name : _____ Class : _____ Scholar No. : _____

Name : _____ Class : _____ Scholar No. : _____

29. **Education History** (Please list other PREVIOUS School attended, if any):

School	Class	Year	Marks	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note the following :

- This form must be accompanied by :
 - One photocopy of the original Birth Certificate issued by concerned Government Authority.
 - Four recent coloured Passport size photograph of the child (To be pasted in the space provided).
 - Proof Residence photocopy of Electoral card / Passport / Driving Licence / Telephone Bill / Electricity Bill.
 - Photocopy of Last Report Card (For admission in class II and above only).
- Incomplete form or a form without supporting document will not be processed.
- Both parent must accompany the child for the meeting with school management.
- Any intervention on the normal admission protocol or citation of references will lead to disqualification of the admission.
- Fee not refundable after provide the scholar number (Admission No.)
- Admission to all the classes from Nursery to Class I are through random selection.
- Admission once completed for the a particular year is not transferable to any other year or to any other child.
- Once the admission conformed in any class to the child will not be promoted at any case to the following session till the child be withdrawn from the school.
- All bus routs/stoppage will be as per direction of the School Authorities (for day school).

DECLARATION

- I agree to comply with regulation of the school including those relating to the charging of interest on unpaid bills and assessment of fees for less than 90 days notice of a student's withdrawal or the late arrival of a student.
- I understand and agree that under no circumstances the fees paid to the school be refunded if a Student withdraws admission for any reason.

All the above information concerning my child is true to the best of my knowledge.

Signature

Full Name of Signatory: _____

Relationship to the child: _____

Date: _____ / _____ / _____

FOR OFFICE USE ONLY

Application Received on: _____

Date of Admission: _____ / _____ / _____

Scholar No. : _____

Signature Accountant

Signature Principal