



RDS PUBLIC SCHOOL, CHAPRA

Managed by CDS Memorial Trust
ByPass Road, Near Jagdam College, Chapra

ADMISSION FORM

Admission No.....

Session.....

Marks.....

Affix Photo of
Father

passport size

Affix Photo of
Mother

passport size

Affix Photo of
Child

passport size

I.....desire to have my son/daughter/ward whose particulars

are given below admitted in your school.

INFORMATION OF THE CHILD

Admission Under

First Name

Middle Name

Last Name

Gender

Male Female

Date of Birth

DD MM YY

Date of Birth in words

Birth Place:

Admission sought to (Class)

Sec Roll Religion

Nationality

Category

Language Known

HINDI

ENGLISH

OTHERS

RESIDENTIAL ADDRESS

Permanent Address:

Preferred Mob. No. for School SMS

Email Address

Emergency Mobile No.

Name of Person to be contacted

Relationship

FAMILY INFORMATION

Father/Guardian:

Name:

Educational Qualification:

Occupation:

Designation:

Age:

Nationality:

Institution:

Office Address:

Mobile No.:

Annual Income:

Mother/Guardian:

Name:

Educational Qualification:

Occupation:

Designation:

Annual Income:

Detail of sibling, if any:

Name of the Child

<input type="text"/>
<input type="text"/>

Age: Nationality:

Institution:

Office Address:

Mobile No.:

Name of the School

<input type="text"/>
<input type="text"/>

Health Status

Height: cm Weight: kg Eye (L) (R) Teeth: Blood Group:

Is the child suffering from any kind of disease? YES / NO , If yes , mention it.....

(क्या बच्चा किसी बीमारी से पीड़ित है?)

What type of medication is he / she taking? YES / NO , If yes , mention it.....

(वह किस प्रकार का दवा का सेवन करता / करती है?)

Does he / she have any kind of allergy? YES / NO , If yes , mention it.....

(क्या उसे किसी प्रकार की एलर्जी है?)

Is he / she suffering from any kind of behavioral disorders? YES / NO (tick appropriate)

(क्या वह किसी व्यवहारगत विषंगतियों का शिकार है?)

Shows Irritation , Shows anger, uninterested in doing self work, Quarrelsome

(चिडचिडापन दिखाता है , क्रोध दिखाता है , अपना कार्य के प्रति अनिच्छुक , झगड़ालू

Transport Details:

Vehicle	<input type="text"/>	Bus No.	<input type="text"/>	Bus Route: <input type="text"/>
Self	<input type="text"/>	With Parents	<input type="text"/>	

We hereby certify that the information given in the admission form is complete and accurate

Signature of Mother / Guardian

Date:

Signature of Father / Guardian

Date:

For Office Use Only

Particulars:

Birth Certificate

Adhar Card

Three passport Size photograph

<input type="text"/>
<input type="text"/>
<input type="text"/>

Counselor/Incharge Admission

Principal