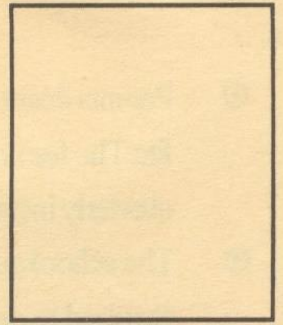




FATEH PUBLIC SCHOOL

(A Prakratik Society Undertaking)
Affiliated to CBSE Delhi, Affln. No. 1730365
Ranthambhore Road, Distt.- Sawai Madhopur,
Rajasthan - 322 001
Telephone- (07462) 221123
website - www.fatehpublicschool.com



ADMISSION FORM

Sl. No.

Reg. No.

1. Student's Name : _____
2. Date of Birth: _____
3. Father's Name : _____
4. Mother's Name : _____
5. Father's Qualification : _____
6. Mother's Qualification : _____
7. Father's Occupation : _____
8. Mother's Occupation : _____
9. Father's Office Address : _____

10. Mother's Office Address : _____

11. Telephone : _____
12. Telephone : _____
13. Present School's Name : _____
14. Studying in Class : _____
15. Category (SC/ST/OBC/GEN.): _____
16. Admission sought in class : _____
17. Number of brothers & sisters : _____
18. Telephone: _____
19. Full Residential Address : _____

20. Adhar Card No. _____

AGREEMENT BY PARENT

I _____ Father/Mother/Guardian _____ agree to admit my child in Fateh Public School. I certify that all the information provided in this form is true and correct to the best of my knowledge. I agree to pay the school fee/Bus fee/any other dues to the school on time. I also understand that fee is subject to revision during the next academic session. I also agree to abide by the rules and regulations laid out by the school authorities from time to time. I also agree to ensure my child's 80% attendance and I will be fully responsible for the behaviour of my child.

I also certify that my child does not suffer from any ailment or medical condition that requires any special medical attention.

Date _____

Signature (Parent/Guardian)

BUS CONTRACT WITH PARENTS/GUARDIAN

- ⊙ Parents desirous of sending their children to the school by the school transport will pay quarterly transportation fee. The fee is subject to change next year. The total bus cost for the academic year has been divided into 4 equal quarterly instalments.
- ⊙ The school authorities in the combined interest of all the parents will decide the bus route. The parents will be required to drop and pick-up their children from the nearest stop designated by the school.
- ⊙ If for some reason the parent/guardian is unable to drop or pick-up the child on the designated bus stop they will have to ensure that their children are dropped and picked up safely. It will not be the responsibility of the school to pick-up the child if the child reaches the stop later than the given schedule.
- ⊙ The school will take all necessary precautions to ensure your child's safety. In case of any mishap, the school will not be held responsible or to pay any compensation to the parents.

Name of the child : _____ Enrolment No. : _____

Class : _____ Section : _____

I have read carefully the terms and conditions stated above. I agree to send my child in the school bus.

Name of the Parent/Guardian _____

Date : _____

Signature of the Parent/Guardian

FOR OFFICE USE ONLY

Principal's remarks

Principal's Signature & Date

ACCOUNTS OFFICE

1. Documents received (attested copies) :

- Date of birth certificate.
- 2 passport size photograph.
- Transfer certificate & Medical Practitioner's certificate.

Signature of the Account

Date: _____

DECLARATION (MEDICAL)

In the unfortunate event of a medical emergency, I would like the school authorities to refer my son/daughter _____ class _____ to

i) Ranthambhore Sevika Hospital

ii) Government Hospital, Sawai Madhopur

Date _____

Parent/Guardian