



RAJ INTERNATIONAL SCHOOL

Affiliated to CBSE, Aff. No. 531359

Name :

Class & Section :

Admission No. :

Session :

ADMISSION FORM



ADMISSION FORM

Important : Please answer all questions clearly in BOLD, using black or blue pen.

Please affix latest photograph
size photograph in colour

STUDENT

Please affix latest photograph
size photograph in colour

MOTHER

Please affix latest photograph
size photograph in colour

FATHER

Signature of Mother

Signature of Father

PERSONAL DATA OF STUDENT

Surname First Name Middle Name

Date of Birth Age : Years Months Days

Sex Female Male Mother Tongue Language Known

Permanent Address

City Pin Code E-mail

Mobile No. # Land Line #

Aadhaar No.

Previous School Marks & % Obtained

Streams Opted Medical Non-Medical Commerce Arts

HEALTH INFORMATION

Allergy/ Chronic ailment if any Physical Handicap / disability if any

Any other health problem



PARENTS / GUARDIAN'S INFORMATION

(i) Father's Name	<input type="text"/>	Age	<input type="text"/>	Education	<input type="text"/>
(ii) Mother's Name	<input type="text"/>	Age	<input type="text"/>	Education	<input type="text"/>
(iii) Guardian's Name	<input type="text"/>	Age	<input type="text"/>	Education	<input type="text"/>
(iv) Relationship of the Guardian with child	<input type="text"/>				

PARENTS PROFESSIONAL / OCCUPATIONAL INFORMATION

Father's Profession / Occupation	<input type="text"/>	Monthly Income	<input type="text"/>
Organisation	<input type="text"/>	Designation	<input type="text"/>
Address	<input type="text"/>		
Telephone	<input type="text"/>	Mob.#	<input type="text"/>
E-mail	<input type="text"/>		
Mother's Profession / Occupation	<input type="text"/>		
Organisation	<input type="text"/>	Designation	<input type="text"/>
Address	<input type="text"/>		
Telephone	<input type="text"/>	Mob.#	<input type="text"/>
E-mail	<input type="text"/>		

OTHER ADDITIONAL INFORMATION

Real brother / Sister 1. Name	<input type="text"/>	Age	<input type="text"/>	School Attending / Attended	<input type="text"/>
Real brother / Sister 2. Name	<input type="text"/>	Age	<input type="text"/>	School Attending / Attended	<input type="text"/>
Relatives who are studying/ have studies in RIS School	<input type="text"/>				
Name	<input type="text"/>	Class	<input type="text"/>	Year of joining	<input type="text"/>
Relationship	<input type="text"/>				

OPTION FOR TRANSPORT FACILITY

School Bus Facility	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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TRANSPORT FORM



To,

The Principal
RAJ INTERNATIONAL SCHOOL
Leo Chowk, Sector 5, Rewari

Sub : Request for arrangement for transport.

Sir/Madam,

I, S/o, D/o, W/o
Residing atundertake and
confirm that my son / daughter / ward (name) will
travel by transportation provided by the school from the date of
to (or any other dates that may be arranged by the school).

I confirm that I fully understand the nature of the travel by school transportation that my son / daughter / ward will avail and provided by the school on my request involves certain amount of risk (including but not limited to sustaining personal injuries and / or loss of life). My son / daughter / ward understands that he / she will have to co-operate fully with the school and he / she understand to diligently comply all safety instructions.

I, hereby irrevocably understand that I shall not hold school, it's staff, officers, students, any other relevant personal or any of it's authorized agents responsible for any damage to or loss of property or any injury or loss of life which may sustained by my son / daughter / ward during travel by transportation provided by the school or arising from any cause in connection with the travel by transportation provided by the school where such damage to or loss of property or any injury or loss of life is not caused by the wilful default of school, it's staff, officers facility, students or any other relevant personnel.

Name of the Father : Name of the Mother :
Date : Date :
Signature : Signature :

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