Shri Ramswaroop Memorial Public School

An ISO 9001:2000 Certified School (CBSE) Near Indira Canal, Faizabad Road, Lucknow - 227105 Ph. No. 0522-3278735, 9839609008

APPLICATION FORM

Number: _____

Name of Student:	
Class Applying for:	Recent color Photograph of
Academic Year:	the student

Instructions:

- Please fill the application form in BLOCK LETTERS only.
- Submission of the form does not mean granting of admission.
- The date of birth and the spelling of the student's name should be according to the last school records.
- Please attach extra sheets for any additional information that you may wish to provide.

Please ensure that all the following documents, which are required to complete the admission process, are submitted.

Check list at the time of application

- Complete admission form.
- Copies of past scholastic records of last two years.
- Self Attested photocopy of Birth Certificate (Original Birth Certificate to be shown)

For Official Use Only		
Scholar's Reg. No:	Fee Receipt No.:	
Date of Admission:	Student ID No.:	
Clerk's Signature:		

Student Information

First Name Middle Name		Last na	me		
			1 1 1		
Gender Full Residential Address:		Date of Bi	rth [Dd/N	/Im/Yyyy	/]
					—
Mother Tongue:					_
Religion:					_
Class Applying for:					_
Year Applying for:					_
Status Preferred:	Day boarder		Boarde	r 🗆	
If Day Boarder, would you require school transport?	Yes		No		
Current Class passed/appeared:					
Current School (with full address):					_
Medium of Instruction in the last school attended: Curriculum followed (e.g. ICSE, CBSE, etc.):					_
Last examination passed: Class: Year: _					_
Percentage of marks obtained in the last examination:					_
Other school/s attended in the past 2 years:					
Reasons for withdrawal from current school:			_		
Reasons for wanting to join SRMPS:					_

Emergency Contact Person

Name:	
Address:	
Telephone No.:	Mobile No.:
E-mail:	

Parents' Information

Particulars	Fathers'	Mothers'
Name		
Date of Birth		
Home Address		
Residence Tel No.*		
Mobile No.*		
Qualification		
Occupation & Designation		
Business Address		
E-mail ID		

*Please Specify STD/ISD codes where applicable

Parents' Contribution:

We would highly appreciate if parents want to make any special assistance to SRMPS such as specialized teaching, extra-curricular activities (art, music, theatre, dance, cookery, sports, etc.), administration volunteering, field trip chaperone, etc. We would like to make the best use of your talent and resources for our students to enrich the school program. Kindly mention it in the following space below.

Siblings Information

Name	Gender	Age	Current Class	Current School

SRMPS or SRMCEM students whom you know personally and relatives that have attended SRMPS or SRMCEM:

Relationship	Grade
	Relationship

Student's Co-Curricular Background

Activity/Sports/Arts	Grade/Level(s) during which the student was involved	Awards/ Certificates/ Medals

Please tick-ma	rk the appropriate ans	wer:	Yes No
Has your child eve	r received a double promotio	on (skipped a grade?)	\circ
Has your child eve	r been detained? Grade:		ÕÕ
Has your child eve	r been identified as having a	learning disability?	$\circ \circ$
If yes, please indic	ate learning disability area:		
Reading	Language 🗌 I	Mathematics	0 0
Has your ever child	d received English as Second	Language assistance?	0 0
Has your child eve	r studied any other language	/s?	$\circ \circ$
If yes, please speci	fy		
Has your child eve	r been suspended/ expelled f	rom a school?	0 0
Please describe			
L			
How did you get to	know about Shri Ramsward	oop Memorial Public School?	
◯ Hoarding	○ Cable TV	O Newspaper (Specify)	
O Radio City	O Friends/Relatives	O Others (Specify)	

I hereby certify that the information provided by me in this application form is complete and correct to the best of my knowledge. I have read the School Prospectus carefully and I promise to abide by the rules mentioned therein and also any other rules and instructions issued by the school from time to time. I note that fee once paid to the school is not refundable under any circumstances.

Name:	Relation with student:
Signature:	Date: