



STEWART SCHOOL BHUBANESWAR

Sl. No :

CRP SQUARE, UNIT - VIII, NAYAPALLI, BHUBANESWAR

For Office only

(A Christian unaided Minority Institution)

(An Institution under the Management of the Diocese of Cuttack, CNI)

(APPLICATION FORM FOR REGISTRATION FOR ADMISSION SESSION 2019 - 2020)

A - Issue of Registration form Does not Ensure Admission

B - Admission Fee paid will be Non-Refundable and Non - Transferable

- General Instruction:**
1. Fill the form in CAPITAL LETTERS only.
 2. Do not enter registration number & receipt number by yourself.
 3. The form must be duly filled and signed by the parents only.
- Note : Incomplete form will not be accepted.

Registration No: _____
(Office use)

Receipt No.: _____
(Office use)

Principal's Signature: _____

Date _____

Paste
Recent passport
size photograph
of father

Paste
Recent passport
size photograph
of mother

Paste
Recent passport
size photograph
of the child

Name of the student (Applicant): _____ Male/Female (Tick)

Date of Birth : Date Month Year Date of birth: _____
 (in words) : _____

Aadhaar Number :

Class to which Admission is sought _____ Age as on 31.03.2019: _____

Nationality: _____ Mother tongue : _____

Religion: _____ Caste: (General / SC / ST / Other) Blood Group: _____

Name of the school last attended: _____

Present Residential Address (PLEASE GIVE COMPLETE CORRESPONDENCE ADDRESS IN BLOCK LETTER):

 _____ Pin _____

Landline No. : _____ / _____

Preferred Mobile Number for School SMS (Only one) : _____

School Specific Parameters

	Points	Marking Column (for office use)
a) Christian Minority	<input type="text" value="50"/>	_____
b) Sibling : Yes / No <input type="checkbox"/> If yes siblings name _____ (only of biological / own brother sister) _____ Studying in Stewart School, Bhubaneswar		
Class / Section _____	<input type="text" value="10"/>	<input type="checkbox"/>
c) School Alumni : Yes / No		
Name : _____		
i) Year of passing Std X (ICSE): _____	<input type="text" value="10"/>	<input type="checkbox"/>
OR		
ii) Alumni who has read in school for at least five consecutive years specify _____		
d) Transferable job : _____ (Central / State Government Employee only)	<input type="text" value="10"/>	<input type="checkbox"/>
e) Professionals: _____	<input type="text" value="10"/>	<input type="checkbox"/>
f) Resident of Bhubaneswar : _____	<input type="text" value="10"/>	<input type="checkbox"/>

Father	Mother
_____	_____
Phone Number : _____	Phone Number : _____
Email id (in capital letters): _____	Email id (in capital letters): _____
_____	_____
(Kindly open an email id in case you do not have one)	(Kindly open an email id in case you do not have one)
Aadhaar Number : _____	Aadhaar Number : _____
Occupation/Business : _____	Occupation/Business : _____
Designation : _____	Designation : _____
Organisation where working : _____	Organisation where working : _____

Local Guardian Name & Address :

Signature

Permanent Address :

_____ Pin: _____

DECLARATION

I / We hereby certify that the above information provided by me / us is correct and I / We understand that if the information is found to be incorrect or false, my ward shall automatically be debarred from the selection / admission process without any correspondence in this regard. I / We also understand that the application / registration / short listing does not guarantee admission to my ward. I / We will accept the process of admission undertaken by the school and I/We will abide by the decision taken by the school authorities.

Date: _____	Name	Signature
	Father: _____	_____
	Mother : _____	_____

UNDERTAKING NO. - 1

Date _____

I know that Stewart School, Bhubaneswar is a Christian Minority Educational Institution. The School begins with assembly, where religious instructions are imparted in Christian manner. I voluntarily give my willingness on behalf of my ward to attend the above assembly.

I hereby undertake that my ward will attend the school assembly.

Name of Father : _____ Name of Mother : _____

Signature of Father : _____ Signature of Mother : _____

UNDERTAKING NO. - 2

1. I Promise to abide by the rules of the school
2. I will regularly visit the School website for taking notes of school notice.
3. I hereby give my consent that I will have no objection towards the decision of enhancement of school fee or any genuine hike that may occur from time to time.
4. I will respond to all notices through sms from time to time.
5. I will attend all parent-teachers' meeting as and when informed by the school.

Name of Student : _____

Date _____

Parents Signature



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Health Status

(Parents are requested to fill in each column carefully)

Name of the Child _____

Standard in which admission is sought _____

Height _____

Weight _____

Blood Group _____

Vision (L) _____ (R) _____

Oral Hygiene _____

Specify if child's is allergic to any drug / food Yes No

If yes give details

- Medication (in case the child is suffering from any chronic disease)

- State whether the child has been immunized with these vaccine

OPV		DPT		MMR		DT		BCG		HEPATITIS-B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

Any other health issue you would like to inform the school about

1 - Name of the drug to which child have reaction _____ (if any)

2 - Name of Doctor/Nursing Home / Hospital prefer the child to be refereed in case of any medical emergency _____

Emergency Contact Number _____

(Kindly inform the school if at any time the number changes)

I hereby certify that the above details submitted by me are true basing on medical records and doctor opinion.

Date: _____ Signature _____

Name of the Father

Date: _____ Signature _____

Name of the Mother

SUBMIT A MEDICAL FITNESS CERTIFICATE FROM CDMO / REGISTERED MEDICAL PRACTITIONER)