



STEWART SCHOOL, BHUBANESWAR

CRPF SQUARE, UNIT - VIII, NAYAPALLI, BHUBANESWAR
(A Christian unaided Minority Institution)

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

email:- stewartbbsr@gmail.com

website:- <http://www.stewartschoolbbsr.in>



(APPLICATION FORM FOR REGISTRATION FOR ADMISSION SESSION 2020 - 2021)

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.
 4. Incomplete form will not be accepted.

Receipt No.: _____ Registration No: _____
(For Office Use Only)

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 31.03.2020: _____

Nationality: _____ Mother tongue : _____

Religion: Caste: (General / SC / ST / OBC/ 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	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 _____	10	<input type="checkbox"/>
c) School Alumni : Yes / No		
Name : _____		
i) Year of passing Std X (ICSE): _____	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)	10	<input type="checkbox"/>
e) Professionals: _____	10	<input type="checkbox"/>
f) Resident of Bhubaneswar : _____	10	<input type="checkbox"/>

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



Estd. 1960

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Health Status

(Parents are requested to fill each data info In column carefully)

Name of the Child _____

Standard in which admission in 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)