



RAINBOW SCHOOL

10+2, Affiliated to C.B.S.E. DELHI
DELHI ROAD, SAHARANPUR - 247 001 (U.P.)



ADMISSION FORM

S.No.

Date

ADMISSION FOR STANDARD

Name of the Student.....
(In Block Letters)

Date of Birth (In figures)..... (In Words).....

Age of the Student as on 31st March : Year Month Day

Place of Birth (District-State)

Aadhar Card No. (Photo Copy attached)

Whether Belongs to S.T./S.C./B.W./O.B.C. (Attached Certificate)

Last School Attended

Recognised or not Marks Obtained

Mother's Name Qualification Occupation

Mother's Office Address if any

Father's / Guardian's Name

Father's Qualification..... Profession

Father's Office Address

Residential Address

.....

Contact No..... Alternative No.

How the Parents would help the School in its activities

.....

NOTE :-

- 1) I undertake to abide by the rules and regulations of the school at all time.
- 2) The admission is provisional. It will be considered final only when T.C. of the previous school is submitted to the school within Ten days.
- 3) Please submit the Medical form duly completed within three days.
- 4) Attested Date of Birth Certificate from Municipality should be attached to this form.
- 5) Name & Date of Birth entered at the time of admission will not be changed.
- 6) No change of allotted section.
- 7) Any Brother or Sister in this school

Date

Principal's Signature

Parent's Signature