

THE SAMARTH SCHOOL

Formerly known as Siddharth International Public School (Sr. Sec., Recognized & Affiliated to C.B.S.E.) An ISO 9001: 2015 Certified School

Main Wazirabad Road, East Of Loni Road, Delhi- 110093. Ph.: 011-35005440, 8287555045

E-mail: infowr@thesamarthschool.edu.in | www.thesamarthschool.edu.in

Affiliation No. 2730096 | School Code: 85056 | School Id.: 1160196

INSTRUCTIONS FOR FILLING UP THE APPLICATION FORM

- 1. Kindly fill the application form in BOLD CAPITAL LETTERS ONLY
- 2. USE A BALL PEN ONLY
- 3. Kindly fill the Transport Request form in case you wish to avail School transport
- 4. Only Completely Filled in Applications with requisite enclosures will be accepted.
- 5. Check list for Enclosures:
 - Date of Birth Proof
 - Previous school records
 - Transport request form
 - Health record form

ADMISSION FORM

TO BE FILLED IN OF THE TIME OF ADMISSION

Registration No:					Appl	ication No:
	•••••					
APPLYING FOR GRADE	SENIOF SECONI		SECONDARY IX X	LOWER SECOND.		PRIMARY NUR. ☐ KG ☐ I ☐ II ☐ III ☐ IV ☐ V ☐
OTHER SERVICES	Whe	ther Appli	cant needs Sch	ool Transport	? Ye	s 🗆 No 🗆
Attach a recercolored photo of the student Name: Mobile:	ograph t	photogra Father Name : Mobile :	recent colored aph of the	Attach a rece photograp Moth Name: Mobile:	h of the er	Attach a recent colored photograph of the Local Guardian, if applicable. Name: Mobile: E- mail:
Name of the First Name Date of Birth Gender:	applican : DD [Male [t student :	E STUDENT Middle MM Female	=	YYYY [Last Name
Nationality (A	According	to Passpo	ort):		First La	nguage

INFORMATION ABOUT THE STUDENT APPLICANT'S LAST SCHOOL EXPERIENCE

(Not required in case of Nursery Admission)

Name of the last School attended	
Complete address of your school	
	Email :
Contact information of the school	Phone :
	Website:
	CBSE/ ICSE/ IGCSE
Program/Board studied	Any other, Please specify here
Grade You were last studying in	
Subjects studied	
Overall Grade/ Score/ Percentage Please attach score sheet/ Transcript/ Grade card while submitting you application	
Your Extra-curricular Interests	
Your Achievements in Academics	
Your Achievements (Non-Academics)	

INFORMATION ABOUT STUDENT APPLICANT'S PARENTS

Are you a Single Parent? Yes No	
Name of the Father :	Name of the Mother :
Highest Educational Qualification :	Highest Educational Qualification :
Occupation: Service/Self Employed	Occupation: Service/Self Employed
Name of the Employer Firm :	Name of the Employer Firm :
Position Held :	Position Held :
Work Address :	Work Address :
Work Phone :	Work Phone :
Work Email :	Work Email :
Residence Address :	Residence Address :
Residence Phone :	Residence Phone :
Residence Email :	Residence Email :
Please specify a contact person for School rela and fees:	ted information like School trips, PTM, Exam results
Name :	
Phone:	
Email:	
Siblings already studying OR applying to The S Name:	Samarth School? Please specify details: Grade:

DECLARATION					
I declare that the statements r	nade above are correct and I promise to abide by the rules and regulations of the				
school.					
Place:					
Date:					
Signature of Parent/ Guardian	Ľ				

Transport Form

Office Copy	
Route No. :	
Rate Slab :	
Pick Up Timings :Drop Timings :	
Driver's contact :	
Signature of School Authority (Transport Incharge/Administrative Officer)	Signature of the Parent
Parent Copy	
Route No. :	
Rate Slab :	
Pick Up Timings :Drop Timings :	
Driver's contact :	
Signature of School Authority (Transport Incharge/Administrative Officer)	Signature of the Parent

Student Health Record Name : ______ Age.......Gender: _____ Grade: _____ Blood Group : _____ Height (in cms.): _____ Weight (in kgs.) _____ Please provide a copy of the vaccination card/report along with this form for students applying to grades KG to 5. Any previous illness or operation: Allergic to any food/ Medicine : _____ Any other important information about your child's health that you think school should be aware of, please mention here: Signature of the parent Signature of the Student Signature and Seal of a Registered Medical Practitioner



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Admission Acknowledgement Slip:

Name of the Student :			
Grade :		ogram :	
Date of admission :			
Residential address :			
-			
Phones: Landline:		Mobile :	
Email:			
Signatures :			
Parent	Admissions In-charge		Class-teacher