



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

**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	
Contact information of the school	Email :
	Phone :
	Website :
Program/Board studied	CBSE/ ICSE/ IGCSE
	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)	

DECLARATION

I declare that the statements made above are correct and I promise to abide by the rules and regulations of the school.

Place:

Date:

Signature of Parent/ Guardian:

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 : _____

Program :

Date of admission :

Residential address :

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Phones : Landline : _____

Mobile :

Email :

Signatures :

Parent

Admissions In-charge

Class-teacher