



The  
Sanskaar  
Valley  
School

Promoted by Bhaskar Group  
& Sharda devi Charitable Trust

# REGISTRATION FORM

The Sanskaar Valley School, Chandanpura, Bhopal-462016. Ph. (0755) 3255346 - 49

R/No:

- Parents are requested to note that this is not an Admission Form, nor does the submission of this form entitle any child to admission to the school.

Photograph

**APPLICATION FOR :**       DAY SCHOOL                       BOARDING SCHOOL

- Name of the Child: \_\_\_\_\_  
(Block Letter)
- Nationality: \_\_\_\_\_
- Date of Birth:         Gender:    M     F
- Caste:    SC     ST     OBC     GENERAL  (In case of SC/ST submit supporting document/certificate)
- Class to which admission is sought: \_\_\_\_\_ For academic session \_\_\_\_\_ -- \_\_\_\_\_
- Address for Communication: \_\_\_\_\_  
\_\_\_\_\_
- Permanent Address (If any): \_\_\_\_\_  
\_\_\_\_\_
- Residential Phone Number (s): \_\_\_\_\_
- Emergency No. (for SMS Purpose): \_\_\_\_\_
- Parental Information:**

| <b>Father</b>              | <b>Mother</b>              |
|----------------------------|----------------------------|
| Name _____                 | Name _____                 |
| Date of Birth _____        | Date of Birth _____        |
| Education _____            | Education _____            |
| Occupation _____           | Occupation _____           |
| Name of Organization _____ | Name of Organization _____ |
| Designation _____          | Designation _____          |
| Office Telephone _____     | Office Telephone _____     |
| Email _____                | Email _____                |
| Mobile No. _____           | Mobile No. _____           |

11. The parents are:       Married                       Divorced                       Separated                       Widowed
12. Child Lives with:       Both Parents                       Father                       Mother
13. If the child is an adopted child, please tick:       Yes                       No
14. Person responsible for payment of fees: \_\_\_\_\_
15. Name and Address of the Local Guardian (if any) \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

16. Details of brother & sister in chronological order, including the applicant

|   | Name  | Age   | M/F   | School | Class | Blood Group |
|---|-------|-------|-------|--------|-------|-------------|
| A | _____ | _____ | _____ | _____  | _____ | _____       |
| B | _____ | _____ | _____ | _____  | _____ | _____       |
| C | _____ | _____ | _____ | _____  | _____ | _____       |
| D | _____ | _____ | _____ | _____  | _____ | _____       |

17. If a sibling (real brother/ sister) is also applying for admission into the school, please give details

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Application No: \_\_\_\_\_

18. Would you require school transport:       Yes                       No
19. What is the language spoken at home? \_\_\_\_\_

**We would appreciate it if you answer these questions in your own words.**

1. Personality of the child:
- a. Strengths: \_\_\_\_\_
  - b. Weaknesses: \_\_\_\_\_
  - c. Aptitude and interest: \_\_\_\_\_
  - d. Participation in activities: \_\_\_\_\_
2. How do you spend time together as a family?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What are your goals for your child?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. How can parents and the school work in partnership to achieve these goals?  
 \_\_\_\_\_  
 \_\_\_\_\_
5. What is the prime reason for you to send your child to boarding school?  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Has the student ever been tested (or referred for testing) for a learning behavioral, emotional or physical disability?  Yes  No

If yes please describe: \_\_\_\_\_

7. Has the child ever been evaluated by a psychiatrist, psychologist, speech/language therapist, educational diagnostician or other specialist?  Yes  No

If yes, which specialist(s)? \_\_\_\_\_

8. Has the student ever repeated or skipped a grade/class in school?  Yes  No

If yes, which grade/class? \_\_\_\_\_

9. Has the students been suspended/ expelled from any other school?  Yes  No

If yes, please explain the circumstances \_\_\_\_\_

## EDUCATION HISTORY

Please list other PREVIOUS schools attended, if any:

| Sr. | School Name | City and Country | Year of Attendance | Grade Completed | Language of Instruction |
|-----|-------------|------------------|--------------------|-----------------|-------------------------|
| 1.  |             |                  |                    |                 |                         |
| 2.  |             |                  |                    |                 |                         |
| 3.  |             |                  |                    |                 |                         |

Please note the following:

- This form must be accompanied by:
  - One photocopy of the original Municipal Birth Certificate.
  - One recent Coloured Passport size photograph of the child.(Pasted in the space provided)
  - Proof of Residence- photocopy of Electoral card/Passport/Driving License/Telephone Bill
  - Last Report Card (If Applicable)
- Please do not attach any other annexure
- Both parents must accompany the child for the meeting with the school management.
- This form should accompany the DD of Rs. 1050/- in favour of "The Sanskaar Valley School" payable at Bhopal, as the non-refundable registration fee.
- Registration once completed for a particular year is not transferable to any other year or to any other child.
- All bus routes would be at the discretion of the School authorities.

## DECLARATION

- I understand and agree that the registration of my son/ward/daughter does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.
- I agree to comply with the regulations of the School including those relating to the charging of interest on unpaid bills and the assessment of fees for less than 90 days notice of a student's withdrawal or for the late arrival of a student.

All the above information concerning my child is true to the best of my knowledge.

Signature

Name (in print):

\_\_\_\_\_

Relationship to boy/girl:

\_\_\_\_\_

Date:        /        /20

\_\_\_\_\_

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### FOR OFFICE USE ONLY

Application Received On:        /        /20

\_\_\_\_\_

Receipt Number

Date

Registration Number

TSVS