



# SOCIAL CONVENT INTERNATIONAL SCHOOL

Phone : 0181-2766183, 3291525 Fax : 2431812

**PATTAR KALAN, Kapurthala Road, Jalandhar**

Affiliated to C.B.S.E. Vide Code No. 1630556

RUN BY : SOCIAL MODEL EDUCATIONAL SOCIETY (REGD.)

## ADMISSION FORM

Passport size  
Photo attach  
here

1. Admission No. \_\_\_\_\_ 2. Registration No. \_\_\_\_\_

3. Class in which Admitted \_\_\_\_\_ 4. Date of Admission \_\_\_\_\_ 5. Male/Female \_\_\_\_\_

Particulars of the Student (Use Block Letters Only)

1. Name of the student \_\_\_\_\_

2. Father's Name \_\_\_\_\_ 3. Mother's Name \_\_\_\_\_

4. Date of Birth (in words) \_\_\_\_\_ (in figures) \_\_\_\_\_

5. Monthly Income of Father \_\_\_\_\_

6. If father is not alive name of the legal guardian \_\_\_\_\_ 7. Profession of Father \_\_\_\_\_

8. Qualification of Father \_\_\_\_\_ Mother's Quf. \_\_\_\_\_

9. Father's annual income \_\_\_\_\_ Mother's income \_\_\_\_\_

10. Class in which Admitted \_\_\_\_\_

11. Name of the previous Institute \_\_\_\_\_

12. Do you belong to SC/BC \_\_\_\_\_

13. Nationality \_\_\_\_\_ 14. In which game you are interested \_\_\_\_\_

15. Any relation studying in school ? Name \_\_\_\_\_ Class \_\_\_\_\_

16. Permanent home Address : \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_ Phone (R) \_\_\_\_\_ (M) \_\_\_\_\_

Signature of Father/Guardian

Principal's Order



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## SCHOOL TRANSPORT / CATERING

Passport size  
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My child of \_\_\_\_\_ Grade \_\_\_\_\_

Section \_\_\_\_\_ will be availing of the following facilities.

### 1. Transport (Yes/No)

Landmark \_\_\_\_\_

Pickup Point \_\_\_\_\_

Any other instruction \_\_\_\_\_

### 2. Catering (Yes/No)

- School transport / catering fees are fixed. One way travel are also subject to the full fee.
- Transport facilities are available only from designated points.
- These services are available on a first come first served basis.
- To whom we handover the child. Parents/Guardian
- Parents wishing to withdraw their children from school transport / catering arrangements must fill in a discontinuation form a month in advance or they can send their request.
- I am agreed if Diesel Price will hike I will pay the increase transportation charges to the school authorities.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

For Office use only

Transport (w.e.f.) \_\_\_\_\_ catering (w.e.f.) \_\_\_\_\_

Bus Number \_\_\_\_\_ Bus Route \_\_\_\_\_

Name of the Driver \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrative Officer

\_\_\_\_\_  
Signature of Accountant



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## CHILD HISTORY OF ILLNESS

Name of the Student \_\_\_\_\_

Date of Birth (in words) \_\_\_\_\_ (in fig.) \_\_\_\_\_

Class \_\_\_\_\_ Grade \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Group \_\_\_\_\_

Please tick :  I give the consent for the immunization of my child  I do not agree for the immunization of my child

PARENT / GUARDIAN

Address \_\_\_\_\_

Tel. No. (R) \_\_\_\_\_ (M) \_\_\_\_\_

Please provide the following information to update your child's school Health Record and send his

### ORIGINAL IMMUNIZATION CARD

Please tick appropriately :

#### INFECTIOUS DISEASES

#### NON INFECTIOUS DISEASES

Diphtheria  Measles

Accidents  Epilepsy

Dysentery  Mumps

Allergies  Asthama

Please specify month / year of illness : History of :  Blood Transfusion Frequency \_\_\_\_\_

Hospitalization Reason \_\_\_\_\_ Date \_\_\_\_\_

Signature of Licenced school Doctor / Nurse