

Form Serial No.:

# ACKNOWLEDGEMENT RECEIPT

## UNDERTAKING

I / We hereby certify that the information is correct to the best of my / our knowledge and belief. Further, I / We fully understand that if any information is found to be false / incorrect, the admission of my / our ward will stand cancelled. I / We also understand that the application for registration does not guarantee admission to my / our ward. If my / our son / daughter is selected for admission, we hereby agree and give consent to abide by the rules and regulations for school as applicable now and as amended from time to time.

Affix a recent  
passport sized  
colour photograph  
of the Family  
(Father/ Mother/ Kid)

Affix a recent  
passport sized  
colour photograph  
of the Guardian

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

## FOR OFFICE USE ONLY

Admission order by the Head of the School

Admitted to Class \_\_\_\_\_ Not Admitted W.E.F. \_\_\_\_\_

\*confirmation of admission subject to receipt of  
a) Transfer certificate b) Original Progress card/Report Card  
c) Original Birth Certificate

\_\_\_\_\_  
Signature of the Head of the School

Enclosures to be submitted along with the Registration Form

### Note:

- Please attach photocopy of the following supporting documents:
  - Birth Certificate of the Child. (Issued by the Municipal corporation or any competent authority). Transfer certificate (applicable for admission from Std II onwards). Community Certificate/Caste Certificate (applicable if belongs to reserved caste/category)
  - Proof of Residence. (Passport / Voter ID / electricity Bill / Ration Card).
  - Proof of Sibling if studying at Esdee IS (wherever applicable).
  - Final Progress Report of the previous class and the recent Progress Report of the Current Class. (wherever applicable).
- Four recent passport sized photographs of the Child and each Parent to be submitted.
- Short-listed students will be informed by Post / Telephone / Email.
- Incomplete forms are liable to be rejected without any intimation.
- Medical certificate from certified Doctor.

Form Serial No.:



**ESDEE**  
INTERNATIONAL SCHOOL

## REGISTRATION FORM

Academic Year 20□□ - □□

Affix a recent  
passport sized  
colour  
photograph  
of the Student

Name Of Student  
\_\_\_\_\_

Admission sought for class: \_\_\_\_\_

Registration No.

Date: \_\_\_\_\_

(Please fill the Form in capital letters only)

- How did you learn about the opening of Registrations at Esdee International School?  
Advt.  Website  Pre-School  Friends  Other
- Name of the Student \_\_\_\_\_
- Date of Birth (dd/mm/yyyy):  Male  Female
- Place of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
State of Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_
- Age as on 31st March 20  :  Years  Months  Days
- Admission sought for Class (in words): \_\_\_\_\_
- Nationality: \_\_\_\_\_ Annual Income: \_\_\_\_\_
- Mother Tongue : Hindi  English  Other  (specify) \_\_\_\_\_
- Admission Category : GEN  EWS  Others  (please specify) \_\_\_\_\_
- Do you belong to any reserve caste/category: SC  ST  OBC  Other
- Is your Child suffering from any Chronic Disease / Illness / Allergy / disabilities which the school should be aware of \_\_\_\_\_
- Residential Address House No. / Plot No.: \_\_\_\_\_  
Locality : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_
- Contact No. \_\_\_\_\_ Distance from the School in kms: \_\_\_\_\_
- Permanent Address House No. / Plot No.: \_\_\_\_\_  
Locality : \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_  
Contact No. \_\_\_\_\_

#### Mother Details

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Academic Qualification: \_\_\_\_\_  
Profession: \_\_\_\_\_ Organisation: \_\_\_\_\_ Designation: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Office / Mobile No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Father Details

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Academic Qualification: \_\_\_\_\_  
Profession: \_\_\_\_\_ Organisation: \_\_\_\_\_ Designation: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Office / Mobile No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Guardian Details

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Academic Qualification: \_\_\_\_\_  
Profession: \_\_\_\_\_ Organisation: \_\_\_\_\_ Designation: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Office / Mobile No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### a) Other Details: Kindly fill this if applicable

Current School: \_\_\_\_\_ Current Class: \_\_\_\_\_  
Medium of instruction : \_\_\_\_\_  
Board of Affiliation: State Board / Matriculation / CBSE / ICSE / IB / Others \_\_\_\_\_  
School Address \_\_\_\_\_

#### b)

Class	Exam	Overall %/Grade
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#### c) Whether any Sibling/s who have applied or studying at Esdee IS, if yes

Name of the Child	Admission No.	Class	Section
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What are your Child's special Skills and Interests? Mention achievements if any:  
\_\_\_\_\_  
\_\_\_\_\_

Mention two preferences for the desired Bus Stop:

Preference 1. \_\_\_\_\_ Preference 2. \_\_\_\_\_



Name of the Student \_\_\_\_\_ Registration No. \_\_\_\_\_  
Admission to Class \_\_\_\_\_ Join us for an interactive Session on \_\_\_\_\_  
Date \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).  
\* Please carry originals of all the documents attached with the Registration form  
\* Please carry this Receipt on the day of interaction

Affix a recent  
passport sized  
colour  
photograph  
of the Student