

SARVOTTAM

INTERNATIONAL SCHOOL

*A Leading Senior Secondary* Schoo/ Afl°i/ioted *to CBSE*

Plot No. 6, Techzone IV, Greater Noida West (U.P.) Tel : 9999600335, 9999600336 Email: [info@sarvottamnoida.com](mailto:info@sarvottamnoida.com) [www.sarvottamnoida.com](http://www.sarvottamnoida.com/)

Date: ......................

Please affix a recent color photograph

of the Student

STUDENT APPLICATION FORM (2024-25)

Please affix a recent color photograph

of the Student

Please affix a recent color photograph

of the Father

CLASS .............................. ADMISSION FOR SESSION 20.................................

The form should be filled by the parents

**PART A**

**PARTICULARS OF THE CHILD**

Name of the Child: ........................................................................................................ Male / Female: ....................................

Adhaar card number of the child ………………………………………………………………………………………………………………………………….

Date of Birth: (DD/MM/YY) .................................................... Place of Birth................................................................................

Date of Birth (in words): ..............................................Age as on date 1st April 2024……….......... BloodGroup.......................................................

. Name of the Play School/Previous School attended ..................................................................................................................

Please choose 3rd language options from Class 5th and above- Sanskrit / German / French

Please choose 2nd language options for class 9th and 10th - Sanskrit / German / French / Hindi

Religion: ............................................ Nationality: Mother Tongue………………………..

Other languages which the child can speak and understand………….......................Category: (Gen/OBC/SC/ST)

Permanent Address………………………………………………………………………………………………..

Phone No.: ....................................................................... WhatsApp Number: ....................................................................................

Present Address ……………………………………… Email: ……………………………………………………………….

**PARTICULARS OF PARENTS / GUARDIANS**

**FATHER**

**MOTHER**

Name…………….....................................................................................................................................................................

Age:…………………………………………………………………………………………………………………..

Educational Qualification: …………………………………………………………………………………………………… Mobile no.:………………………………………………………………………………………………………………………………….

Email ID: ……………………………………………………………………………………………………………………………………………………………………

Adhaar no : ………………………………………………………………………………………………………………………………………………

Industry type……………………………………………………………………………………………………………...

Name of Organization: …………………………………………………………………………………………………………..

Designation: ……………………………………………………………………………………………………………….

0fficeAddress:

Office address. ………………………………………………………………………………………………………………………..

Office Tel. No. : ……………………………………………………………………………………………………………………….

Monthly Income: ……………………………………………………………………………………………………………..

Nature of Business: …………………………………………………………………………………………………………..

Office Timings:

PARTICULARS OF SIBLINGS

**PART B**

Or Siblings studying in Sarvottam:

|  |  |  |  |
| --- | --- | --- | --- |
| Name Admission no.  (If in Sarvottam) | Age | Studying in School | Class |
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**PART C**

**MEDICAL HISTORY DECLARATION**

**Dear Parent,**

**This form aims to understand the medical and learning needs of your child. Kindly fill the form completely.**

1. Is he/she on any regular medication? If yes, please mention the details.

…………………………………………………………………………………………………

1. Is there any history of delay in developmental milestones? If yes, please mention the details.

…………………………………………………………………………………………………

1. Has the child ever undergone treatment for any neurological/ cardiac issue? If yes, please mention the details.

…………………………………………………………………………………………………

1. Is there any history of respiratory issues. ? If yes, please mention the details.

…………………………………………………………………………………………………

1. Is there any learning difficulty/ disability faced by the child? If yes, please mention the details.

…………..……………………………………………………………………………………..

1. In case you have any particular Paediatric/Physician for your child, please share the name and contact number of the doctor …………………………………………………………………………………………………
2. Any other information you would like to share with us? (Eg.- Allergies, precautions etc.)

…………………………………………………………………………………………………

1. Is there any history of/current emotional or psychological concerns? If yes, please mention the details (Eg- Phobias/ Anxiety etc)

…………………………………………………………………………………………………

By signing this form, I declare that the information I have provided here is true, correct, and complete. I also agree to provide all necessary documents, prescriptions and medical records as and when required by the school.

**PART D**

**QUESTIONS FOR THE PARENTS**

1. What are the reasons for preferring 'Sarvottam International School’ for your child? .........................................................

2. What are your expectations from school and teachers? ......................................................................................................

3. How did you learn about 'Sarvottam International School'? ………………………………………………………………………….

4. Nature of family - Joint Family / Nuclear Family / Single Parent: ........................................................................................

5. Describe your child’s personality: ........................................................................................................................................

6. As a parent, how much quality time do you spend with your child and how? .......................................................................

7. If both parents are working, who will be looking after your child at home? ………………………………………

8. Are there any family circumstances that might affect your child's performance? .................................................................

9. What are the areas of your child’s interest?

10. What do you do when your child throws tantrums? .............................................................................................................

11. How independent is your child? ...........................................................................................................................................

12. How do you perceive your role as a parent in the education of your child? ........................................................................

Kindly Note:

1. Both parents must accompany the child for interaction.

2. The following documents must be carried at the time of Admission:

\* Birth Certificate

\* Residential Proof

\*Adhaar card of both parent and child

\*Previous two years marksheet.

\*TC from last attended school (Once the current session gets over)

\* Request Letter for classes 9 and above

1. Incomplete and incorrect forms will not be accepted.
2. Registration amount submitted is not refundable.
3. Admission process must be completed within ten days of registration.

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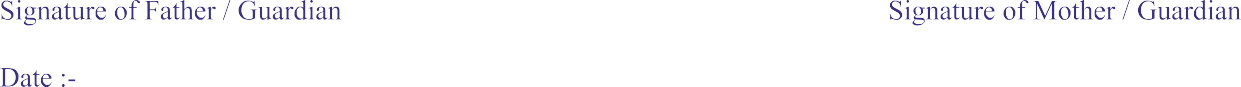
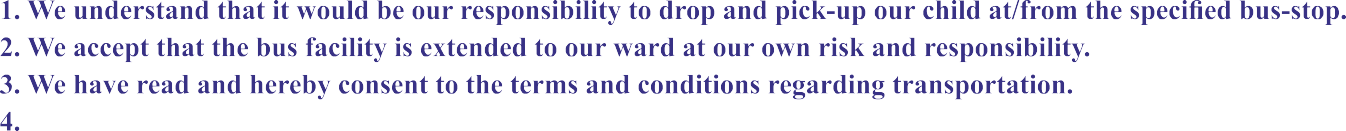
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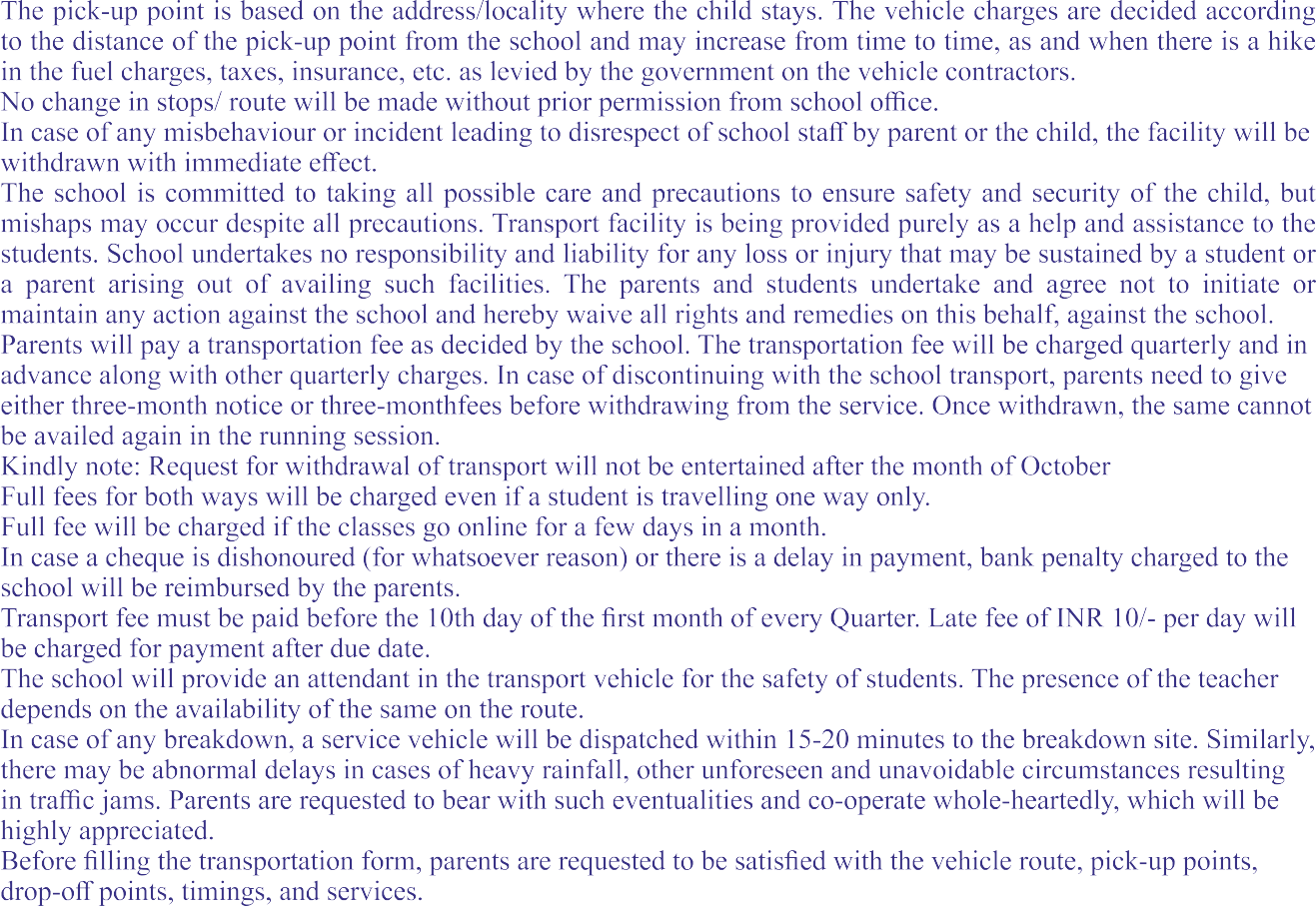
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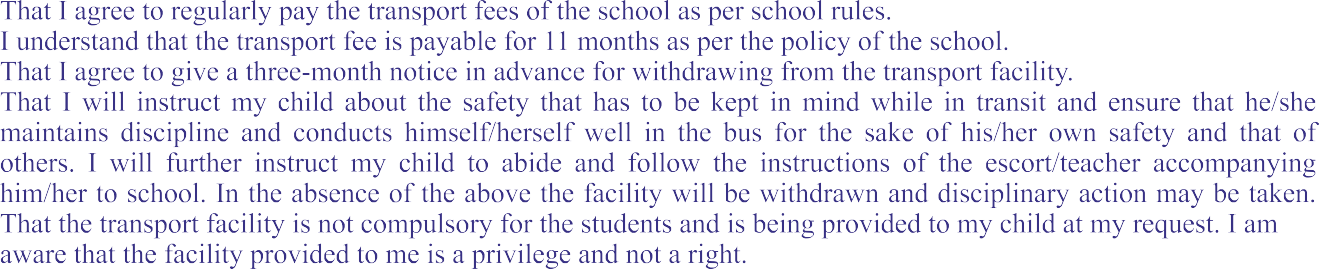










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