



HOLY CHILD AUXILIUM SCHOOL

POORVI MARG, VASANT VIHAR

APPLICATION FORM FOR ADMISSION (2024-25)

Child's Photo

REGISTRATION NO.

Father's Photo

Mother's Photo

CLASS APPLIED FOR :

STUDENT'S DETAILS

STUDENT'S NAME

DATE OF BIRTH

Age

GENDER

Female

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SOCIAL CATEGORY

MOTHER TONGUE

NATIONALITY

BLOOD GROUP

MOBILE NO.

RELIGION

AADHAAR NO.

LAST SCHOOL

LAST CLASS

LAST RESULT

AWARD WON SO FAR IN SPORT, ARTS OR ACADEMIC

DOES STUDENT HAS ANY SIBLING IN THIS SCHOOL :

S. No.	Name	Adm No.	Class & Sec. presently studying in
1			
2			

RESIDENTIAL ADDRESS :

PERMANENT ADDRESS :

PARENT INFORMATION**FATHER****MOTHER**

a). Name	:	_____	_____
b). Designation	:	_____	_____
c). Organization	:	_____	_____
d). Qualification	:	_____	_____
e). Official Address	:	_____	_____
	:	_____	_____
f). Mobile No.	:	_____	_____
g). Email Id	:	_____	_____
h). Alumni	:	_____	_____
i). Alumni Year	:	_____	_____
j). Passing Class	:	_____	_____
k). College/University	:	_____	_____
l). Aadhaar No.	:	_____	_____

GUARDIAN INFORMATION

Guardian Name	:	_____	Mobile	:	_____
Address	:	_____			

MEDICAL INFORMATION**HEARING**

Any Difficulty Observed in Hearing	:	_____
Specify(Difficulty Observed in Hearing	:	_____

Any Consultation with doctor done	:	_____
Specify(Any Consultation with doctor done)	:	_____

VISION

Any Consultation with doctor done	:	_____
Specify(Any Consultation with doctor done)	:	_____

Use of spectacles / Corrective lenses	:	_____
Specify(Use of spectacles / Corrective lenses)	:	_____

Any allergy / any medical information that school should be aware of	:	_____

DOCUMENTS ARE MANDATORY AT THE TIME OF ADMISSION

Birth Certificate	Aadhar card copy of parents and child
Transfer Certificate	Progress card report of two years
Passport size photograph of child(2)	Vaccination card copy
Those who belongs to SC/ST& OBC submit the Certificate	

DECLARATION BY THE PARENT/GUARDIAN

I _____ declare that the statements provided in this application is correct to my knowledge and if found otherwise I shall abide by the decision of the management. I agree to abide the rules, regulations and fee structure of school.

Date : _____ Signature of the Parent/Guardian

H.C. AUXILIUM SCHOOL OFFICE USE ONLY

Admission Co-ordinator

Principal

Date : _____

Date : _____