



HOLY CHILD AUXILIUM SCHOOL

Sec-12, R.K Puram, New Delhi

APPLICATION FORM FOR ADMISSION (2024-25)

Child's Photo

Father's Photo

Mother's Photo

REGISTRATION NO.

CLASS APPLIED FOR :

STUDENT'S DETAILS

STUDENT'S NAME

DATE OF BIRTH

 Age

GENDER

Female

☒

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 : _____