

APPLICATION FORM

Form No:.....

Affix photo of
Father

Affix photo of
Mother

Affix photo of
Student

Admission required for :

Note : Please use capital letters only.

We,.....and,.....
wish to admit our daughter/ward whose particulars are given below, In H. C. Auxilium
School, New Delhi.

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Date of Birth

Date of Birth in words

Religion

ST/SC/ OBC/ General

RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

Father's Mobile No.:	Mother's Mobile No.:
E-mail ID:	

Distance from school (in kms):

Preferred Phone Number for school SMS:

FAMILY INFORMATION

Father/ Guardian

Name:	Age:	Nationality:
Educational qualification:	Institution:	
Occupation:	Office address	
Designation:		
Tel:		

Mother/ Guardian

Name:	Age:	Nationality:
Educational qualification:	Institution:	
Occupation:	Office address	
Designation:		
Tel:		

DETAILS OF PREVIOUS STUDY

year	School	Standard/Grade	Grade/Marks obtained in final exams

The previous school affiliated to:

Awards won so far in sports, arts or academics (only recent)

MEDICAL HISTORY OF THE CHILD, if any (Specify)

HEARING:

Any difficulty observed: YES NO

Any consultation with doctor done: YES NO

If yes, explain: _____

VISION:

Any consultation with doctor done: YES NO
Use of spectacles /corrective lenses YES NO

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

ENCLOSURES (All the documents are mandatory at the time of admission)

- Birth certificate
- Transfer certificate (original)
- Passport size photograph of child (2)
- Adhar card copy of parents and child
- Progress card report of two years
- Vaccination card copy

DECLARATION

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 by the rules, regulations and fee structure of the school.

Date : Signature of the Parent/ Guardian
.....

For H.C. Auxilium School office use only

Admission co – ordinator
Date:.....

Principal
Date:.....