



**THE MODERN SCHOOL
ECNCR DELHI**

APPLICATION FOR REGISTRATION FOR BOARDERS

Reg. No. _____
Date _____

Please read the instructions overleaf. 'Certificate from the parents' (overleaf) must be signed for acceptance of this form.

(PLEASE FILL IN BLOCK LETTERS)

Please paste the latest passport size photograph of the student here
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1. Class _____

2. Details of the student:

a) Name: _____

(First Name)

(Last Name)

b) Gender : Male Female

c) Date of Birth : (in figures) DD MM YYYY

: (in words) _____

d) Previous School: _____

e) Residential Address : _____

f) Telephone (Resi) : _____

g) Aadhaar Card Nos. : Student _____

Father _____ Mother _____

3. Details of the Parents

Father

Mother

a) Name : _____

b) Mobile : _____

c) Email ID : _____

d) Occupation : _____

e) Designation : _____

f) Office Address : _____

g) Telephone (Office) : _____

h) Modernite

Yes / No

Yes / No

(if yes, batch year & branch) _____

Reg. No. _____

ACKNOWLEDGEMENT

Date : _____

This is to acknowledge the registration of _____, son/daughter
of _____ for class _____

(Authorized Signatory)

4. Details of any real brother / sister studying in The Modern School ECNCR :

Name: _____

Admission No: _____ Class: _____

5. Payment Mode (at the time of submission of the registration form)

Cash

Card

GENERAL INSTRUCTIONS

1. Kindly fill in the form in CAPITAL LETTERS only.
2. Please use only a blue / black ball pen to fill the form.
3. Use appropriate \surd tick mark where applicable
4. Please attach the following documents on the day of submission of the form. Incomplete form will not be accepted.
 - a) Photograph of the student (latest passport size coloured photo)
 - b) Photocopy of proof of Date of Birth with name (attested by the Parent)
 - c) Photocopy of proof of residential address of the Parent (Ration card, Aadhaar card, Voter ID, Passport).
 - d) Photocopy of Health Fitness Certificate (duly attested)
 - e) Progress Report of the last school attended by the student (if any)
 - f) Registration fee of Rs. 500/- payable in Cash/Card
5. At the time of submission of the form school authorities will provide an acknowledgement slip with a unique registration number. Kindly keep this acknowledgement slip safely as the registration number mentioned on it will be used for any further correspondence regarding the admission process.

CERTIFICATION FROM PARENTS

I/We accept the process of admission undertaken by the school and I/We will abide by the decision taken by the school authorities.

I/We also understand that the application/registration/waiting list does not guarantee admission to my/our ward.

I/We hereby certify that the information provided by me/us in this form is correct.

I/We understand that if the information provided by me/us in this form is found to be incorrect or false now or later, my / our ward will be automatically debarred from admission without correspondence in this regard.

(Signature of Mother)

(Signature of Father)

6. MEDICAL HISTORY: (Check all that apply to your child)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Urine/bowel problems
<input type="checkbox"/> Asthma (breathing problems)	<input type="checkbox"/> Seizures or Convulsions	<input type="checkbox"/> Frequent nosebleeds
<input type="checkbox"/> Bleeding problems	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Physical handicap
<input type="checkbox"/> Vision issues (<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts)	<input type="checkbox"/> Hearing (Hearing Aids <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Other (Please explain) _____ _____		

Blood Group of the student: _____ Rh Factor: _____

a. ALLERGIES:

<input type="checkbox"/> Bees	<input type="checkbox"/> Drugs
<input type="checkbox"/> Foods	<input type="checkbox"/> Animals
<input type="checkbox"/> Plants	<input type="checkbox"/> Insects
<input type="checkbox"/> Other (Please Specify) _____	
Please describe the allergy and your child's reaction:	
Emergency treatment needed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, what treatment is needed? <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Call Parent	

c. MEDICATION:

Is medication taken for any health problem?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Describe) _____ _____

d. Is your child's physical activity limited in any way?

No Yes (how) _____

Any existing specified illness (major/chronic) disease, please specify

Parent's Signature: _____ Date: _____