

FARIDABAD MODEL SCHOOL

(Co-Educational Senior Secondary School . Affiliated to C.B.S.E.)

Sector – 31, Faridabad-121003 Ph.: (O) 0129-4045881-2, Mob. : 8800933131

E-mail: fmsschools@gmail.com.

CLASS FOR WHICH
ADMISSION IS SOUGHT _____

FOR OFFICE USE ONLY

Registration No _____

CHILD

PASSPORT
SIZE
PHOTO

FATHER

PASSPORT
SIZE
PHOTO

MOTHER

PASSPORT
SIZE
PHOTO

Please ensure that you provide all the required information in CAPITAL LETTERS.

Tick the appropriate boxes or write NA if not applicable

1. This is not an Admission Form .Submission of this form does not guarantee admission to the school.
2. Form to be filled in block letters.

1. CHILD'S PARTICULARS

NAME			
	First name	Middle name	Surname
DATE OF BIRTH	DAY <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	MON <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DATE OF BIRTH (IN WORDS)			
SEX	<input type="checkbox"/> MALE	<input type="checkbox"/>	FEMALE
NATIONALITY			
CHILD WITH SPECIAL NEEDS/PHYSICALLY CHALLENGED (SPECIFY,IF APPLICABLE)			
CATEGORY	GEN <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/> OBC <input type="checkbox"/> OTHER <input type="checkbox"/>
RELIGION			
RESIDENTIAL ADDRESS			
WHETHER SCHOOL TRANSPORT REQUIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
APPROXIMATE DISTANCE FROM RESIDENCE TO SCHOOL(KM)			
PRESENT SCHOOL			
AFFILIATED BOARDS & MEDIUM OF INSTRUCTION			
PROFICIENCY IN SPORTS/MUSIC/ART/OTHER			

%/MARKS/GRADE OBTAINED IN THE LAST EXAMINATION

S. No	SUBJECT	%MARKS/GRADE	S.NO.	SUBJECT	%MARKS/GRADE
1)	_____	_____	4)	_____	_____
2)	_____	_____	5)	_____	_____
3)	_____	_____	6)	_____	_____
Aggregate Grade %Mark: _____					

SIBLING DETAILS

NAME	DOB	CLASS & SEC.	SCHOOL

FATHER'S PARTICULARS

NAME	
HIGHEST ACADEMIC QUALIFICATION & NAME OF COLLEGE/INSTITUTE/BOARD	
TECHNICAL /PROFESSIONAL/QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/INSTITUTE	
OCCUPATION	
DESIGNATION	
OFFICE NAME & ADDRESS	
CONTACT NO.	MOBILE NO. E-MAIL
ANNUAL INCOME	

MOTHER'S PARTICULARS

NAME	
HIGHEST ACADEMIC QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/BOARD	
TECHNICAL /PROFESSIONAL/QUALIFICATION & NAME OF COLLEGE/UNIVERSITY/INSTITUTE	
OCCUPATION	
DESIGNATION	
OFFICE NAME & ADDRESS	
CONTACT NO.	MOBILE NO. E-MAIL
ANNUAL INCOME	

GUARDIAN DETAILS

GUARDIAN NAME & RELATIONSHIP		
QUALIFICATION		
NAME & ADDRESS OF ORGANISATION		
DESIGNATION		
OFFICE TEL. NO.		
CONTACT NO.	MOBILE NO.	E-MAIL
WHETHER YOU BELONG TO EWS CATEGORY YES <input type="checkbox"/> NO <input type="checkbox"/> attached relevant proof, if any		
Areas in which you could contribute to enrich school life in terms of time, skill etc [please tick (✓)]		
CULTURAL <input type="checkbox"/>	MEDICAL <input type="checkbox"/>	MEDIA <input type="checkbox"/>
PROFESSIONAL <input type="checkbox"/>	SPORTS <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>
DOCUMENTS TO BE ATTACHED WITH THE REGISTRATION FORM		
1. Self-attested photocopy of birth certificate of child issued by the municipal corporation/ telephone bill/passport 2. Photocopy of proof of residence. (Latest electricity bill/ration card/telephone bill/passport). 3. Two passport size photographs.		

The school provides transport facilities but offers no guarantee that seat in the school bus will be offered when the buses are full to capacity/ do not play in the area of your residence. It will be responsibility of the parents/ guardian to drop/ collect the child from the specified bus stop. Once provided, the facility will not be discontinued during the academic session.

Incomplete form will be rejected without assigning any reason.

CERTIFICATE

- I/We fully understand that the school on accepting the registration of my/our ward is not any way bound to grant admission. Admission is purely based on the availability of seats and on qualifying the pre-admission test/interaction. I/We also understand that the decision of the principal regarding admission will be final and binding on me/us.
- In the event of my /our ward being selected for admission. I/We shall have no objection regarding the school medical officer inoculating my child as & when necessary. I/We further undertake to abide by the school rules.
- I/We hereby certify that the information given is correct and I/We shall abide by the decision of the school.

DATE.....

Signature of the Parent/Guardian

Form checked by.....

Form verified by