



SMART WONDERS SCHOOL

CONFIDENT COMPETENT CARING

SECTOR 71, MOHALI. T: 0172 2270063-65
smartwonders_school@hotmail.com
www.smartwonderschool.com

DATE

REGISTRATION FORM

ADMISSION NO.

SESSION

STUDENT'S DETAILS (to be filled in capital letters as per the birth certificate)

First Name

Last Name

Gender Male Female Nationality

Date of Birth DD MM YY Age as on April 01

Category General SC ST OBC

Aadhar Card No. (Mandatory)

Home Address

Home Phone No. Mobile

Class applied for Transport facility required Yes No

Mother Tongue

Please affix the latest
passport size photograph

STUDENT

PREVIOUS SCHOOLING OF THE CHILD

| Name of the school | City | Class | Marks obtained | Date/Year of withdrawal | Reason of withdrawal |
|--------------------|------|-------|----------------|-------------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DETAILS OF SIBLING (S) AT Small/Smart Wonders School

| Sr.No. | Admission No. | Name of the child | Class | Relationship with applicant |
|--------|---------------|-------------------|-------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

FOR OFFICE USE ONLY

Admission No. Class Section Date of Joining

PARENT'S DETAIL (to be filled in capital letters)

Father's Name

Educational Qualification

Organisation / Designation

Office Address

Office Phone Mobile No.

Email id.

Mother's Name

Educational Qualification

Occupation

Office Address (if any)

Office Phone Mobile No.

Email id.

GUARDIAN'S DETAIL (to be filled in capital letters)

Guardian's Name

Relationship with applicant

Educational Qualification

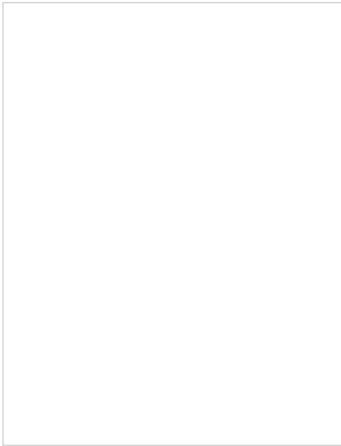
Organization / Designation

Office Address

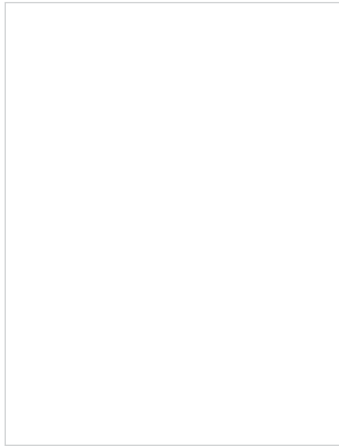
Office Phone Mobile No.

Email id.

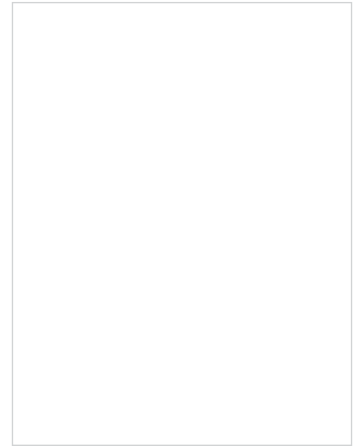
PLEASE AFFIX THE LATEST PASSPORT SIZE PHOTOGRAPH



FATHER



MOTHER



GUARDIAN

If Single Parent, please specify

| | | | | | | | | |
|----------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|
| Child lives with | - | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Other(s) | <input type="text"/> | |
| Legal custody of the child | Both parents | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Other(s) | <input type="text"/> |
| Correspondence to | Both parents | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Other(s) | <input type="text"/> |
| Reason | Father deceased | <input type="checkbox"/> | Mother deceased | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Separated | <input type="checkbox"/> |

Kindly write an application to the Principal indicating the arrangements between the parents in regard to visitation rights.

If parents are living outside India, please specify

Proficiency of Applicant in Games / Co-curricular / Any other achievements

Areas (s) / field (s) in which parent / guardian would like to contribute.

Career Advice Medical Cultural Sports Teacher Substitution

Others (Please specify)

Languages spoken at home

HEALTH INFORMATION

(to be filled by parents)

Blood Group :

If allergic to any drug (s) :

If suffering from any chronic disease/disability :

Any other Health problem :

Emergency Contact No.:

Any special information you may want to include :

Declaration

I, the Parent (Father/Mother) of seeking his/her admission in the School, solemnly declare that the information furnished above is absolutely true and that if found factually wrong at any time after the admission during his/her stay in the school, I shall abide by the decision of the school authorities without any plea or protest. I also agree to abide by the rules and regulations of the School in all aspects.

Father's Name

Mother's Name

Guardian's Name

Signature

Signature

Signature

Date

Place

Please attach the following documents with this form:

- 3 passport sizes photographs of the child/parents/guardian
- A copy of birth certificate of the child(Self Attested)
- Transfer Certificate (Original)
- Tehsildar's Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities
- Copy of the report card of the last school attended (if applicable)
- A copy of Aadhar card (Self Attested)
- Incase of an NRI student, a copy of the passport (Self Attested)
- Undertaking from the parent to deposit certain documents by this specific date

FOR OFFICE USE ONLY

Remarks

Admission Coordinator

Academic Coordinator

Principal



In order to know your child and better understand your aspirations for him/her, we request you to kindly record your responses to these questions:

What are your aspirations for your child ?

What are your child's interests, skills and talents ?

What career choice do you envisage for your child? How will you help him/her achieve his/her goals ?

How do you spend quality time with your child? Your favorite past-time/activity with your child ?

Is there any other significant information you would like to bring to our attention concerning your child...

Thank you for this information which will help us bring out your child's full potential.

Date: _____ **Signature of Parent/Guardian:** _____



SMART WONDERS SCHOOL

CONFIDENT COMPETENT CARING

ADMISSION RECEIPT

(For office use only)

Session Date

Admission No.

Name of the Student

Class Section

Admission Fee (Rs.)

Annual Fee (Rs.)

Activity Fee (Rs.)

Tuition Fee (Rs.) Transport Fee(Rs.)

Concession (if any)

Total Payable Amount (Rs.)

Cheque No.& Date

Bank Name

Vide C.R.No.

Name of the Student

Name of the School Admission No.

Class & Section

School Transportation : Yes No Bus No.

Remarks

T.P.M **Accountant** **Admission Coordinator** **Principal**



**SMART
WONDERS
SCHOOL**

CONFIDENT COMPETENT CARING

REQUEST FOR AVAILING THE SCHOOL TRANSPORT FACILITY

To

Date

The Principal
Smart Wonders School
Sector 71, Mohali

Dear Madam,

I request that my son / daughter wants to avail the school transport facility (pick & drop) from below mentioned address at my own risk and responsibility.

I understand that the school buses are run by the private contractors so I will abide by the agreement between the school and the contractor. Also I am aware that the bus shall not ply on 'C' roads and interior roads of Sector/Phase as per the rules of Mohali administration.

I will pay according to the prescribed rates. I also understand that these rates are subject to the amendments from time to time. By signing below, I/we also authorise SWS or its affiliated service providers to send SMS/Push/Call to Me/Us.

We have read the rules carefully and will abide by them.

Sincerely,

Signature of Father / Mother / Guardian

Name of the child

Class & Section

Address

Phone No.

Route No.

Father's Mobile

Father's email id

Mother's Mobile

Mother's email id