SMART WONDERS SCHOOL

CONFIDENT COMPETENT CARING

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

REGISTRATION FORM

DATE

ADMISSION NO.

SESSION

STUDENT'S DETAILS (to be filled in capital letters)

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

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

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

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 :

PARENTS' DETAILS (to be filled in capital letters)

Father's Name

Educational Qualification

Occupation

Organisation & Office Address

Office Phone

Mobile No.

Email ID

Mother's Name

Educational Qualification

Occupation

Organisation & Office Address

Office Phone

Mobile No.

Email ID

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

Guardian's Name

Relationship with applicant

Educational Qualification

Occupation

Organisation & Office Address

Office Phone Mobile No.

Email ID

If Single Parent, please specify Yes /No

Legal custody of the child Mother Father Other(s)

Correspondence to Both Parents Mother Father Other(s)

Reason Father deceased Mother deceased Divorced Separated

Supporting documents to be provided at the time of Admission.

If parents are living outside India, please specify

Area (s) / field (s) in which parent / guardian would like to contribute :

Career Session Medical Cultural Sports Teacher Social Wellbeing

Others (Please specify)

Languages spoken at home

PLEASE AFFIX THE LATEST PASSPORT SIZE PHOTOGRAPH

Please affix the latest Passport Size Photograph (Father)	Please affix the latest Passport Size Photograph (Mother)	Please affix the latest Passport Size Photograph (Guardian)
FATHER	**MOTHER**	**GUARDIAN**

Please attach the following documents with this form: (Yes/No)

- 3 passport size photographs of the child (Father/Mother/Guardian-01 each) ☐
- A copy of birth certificate of the child (Self Attested by parents) ☐
- 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) of Child, Father and Mother ☐
- In case of an NRI student, a copy of the passport (Self Attested) ☐
- Undertaking from the parent to deposit certain documents by this specific date ..... ☐

Declaration

We, the Parents (Father and 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, We shall abide by the decision of the school authorities without any plea or protest. We 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 _____

FOR OFFICE USE ONLY

Remarks _____

Admission Coordinator	Academic Administrator	Academic Head	Principal

SMART WONDERS SCHOOL

CONFIDENT COMPETENT CARING

FIRST ACQUAINTANCE

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 child's interests ?

How do you spend quality time with your child? What is your favourite pastime/activity with your child ?

How would you describe your child's personality ?

Are there any areas where your child needs support ?

Are there any concerns or challenges or any other information you would like us to be aware of ?

What are your aspirations for your child ?

Thank you for this information as it will help us understand and support your child in her/his academic journey here at SWS !

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. _____

SIBLING DETAILS :

Name of the Student _____

Name of the School _____ Admission No. _____

Class & Section _____ _____

School Transportation : Yes ____ No ____ Bus No. _____

Remarks _____

Admission Coordinator	Manager Operations	Sr. Accountant	Manager Finance	Principal

SMART WONDERS SCHOOL
CONFIDENT COMPETENT CARING

REQUEST FOR AVAILING THE SCHOOL TRANSPORT FACILITY

Date

To
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/Chandigarh administration.

I will pay according to the transport fee. I agree to accept change of transport fees subject to any external or unavoidable factors and to amendments from time to time. By signing below, I/we also authorise SWS or its affiliated service providers to send SMS.

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

Signature of Father / Mother / Guardian

Admission No.

New / Existing Student

Note : Pickup point once fixed will not change for entire session.

Name of the child | Class & Section

Address

Pick-up/drop off Point | Bus No

Father's Mobile | Father's email ID

Mother's Mobile | Mother's email ID

Parent's Signature

For Office use only

Admission Co-ordinator	TPM	Manager Operations	Admin Manager