

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

- Birth Certificate
- Transfer Certificate - original copy (Duly Countersigned by Education Dept if Coming from Different State / Board)
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2 each)
- Aadhar card copy of parents & child
- Copies of progress report card for the last year
- Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

The above documents (recently attested photocopies) must be produced along with the filled application form.

- Transportation Form (if Required)

Please note: Staple all documents to the top left-hand corner of the application

D.MISCELLANEOUS

How did you hear about SHEFFIELD SCHOOL ?

- News Paper Ad
- Website
- Hoarding
- Existing Parent
- Friend
- Internet Search

Other's (Please specify)

DECLARATION

I, _____ have the authority to admit my child /ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are 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 the fee structure of the school.

Date: _____

Signature of Parent / Guardian _____

For SHEFFIELD SCHOOL Office use only

Amount Received:	Receipt Number:	Date:	Cash/ NEFT/DD/Cheque:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Admission Co-ordinator
Date _____

Head of the Institution
Date _____



Sheffield School
Excel*Education*Enlightment

www.sheffieldschoolindia.com
APPLICATION FORM

Form No. :

Admission Date: _____

Admission No: _____

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission required for Class :

Note : Please use capital letters only.

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at SHEFFIELD SCHOOL

A. INFORMATION OF THE CHILD

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender	Date of Birth	Date of Birth in words
<input type="checkbox"/> Male <input type="checkbox"/> Female	DD MM YY	<input type="text"/>

Blood Group	Religion	Caste	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Aadhar No

Community SC/ST OBC GEN OTHERS

Languages known	Mother Tongue
<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

CORRESPONDENCE ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

NOTE: IN CAPITAL LETTERS ONLY

Distance from school (in kms): Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Single Parent:

Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Incase of staff ward:

Name of the parent:

B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The previous school affiliated to: SSLC CBSE ICSE OTHER

Awards won so far in sports, arts or academics

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY :

Birth Details : Normal Caesarian Forceps

Birth Cry : Immediate Delayed

Discharge from Hospital : _____ (Number of days)

Specialize care given in the hospital : Yes No

If Yes, NICU : Extended hospital stay

Explain: _____

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

MOTOR MILESTONES (Approx Months) :

Sitting : _____

Standing : _____

Walking : _____

Speech : _____

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition :

Any Medication taken for general well being :

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