



The Rajas International School

Affiliated to CBSE, Affiliation No. : 1930207 New Delhi

OZHUGINASERY, NAGERCOIL - 629 001.

APPLICATION FOR ADMISSION

Application Form No. :

INSTRUCTION : Please fill in the application completely and accurately as possible. Please type or print or write legibly.

1. Name of the Pupil (as per Birth Certificate and Previous School T.C., if any)										
2. Age and Date of Birth										
3. Place & Country of Birth										
4. Nationality and Religion	Nationality :		Religion :							
a) Caste	<div style="text-align: center;"> Affix recently taken Passport size Photo </div>									
b) Community						OC	OBC	SC	ST	OTHERS
c) Sub Caste										
5. Height and Weight	Ht. (in cms) :		Wt. (in Kgs) :							
6. Gender										
7. Mother Tongue										
8. Language known	To Speak :									
	To Write :									
9 Aadhar Number										
10 Class										
11 EMIS Number										
12 FATHER	PARTICULARS			MOTHER						
	◀ Name ▶									
	◀ Educational Qualification ▶									
	◀ Occupation ▶									
	◀ Employer ▶									

13. Residential Address		Father's Office Address (if any)		Mother's Office Address (if any)	
Telephone :		Telephone :		Telephone :	
Mobile :		Mobile :		Mobile :	
Fax :		Fax :		Fax :	
E-mail :		E-mail :		E-mail :	
Class to which admission is sought		Medium of Instruction		Second Language :	
14. Academic year to which admission is sought : 20 - 20					
15. Record of the Previous School :					
15 a. Name of the School		Class		Address	
15 b. Name of Exam Passed		Academic Year		Name of the Board / Affiliation number the of School	
15 c. Marks Obtained		English	II Language	Maths	Science
16. Single Child : <input type="checkbox"/> Yes <input type="checkbox"/> No (give details of siblings)					
Name		Gender	Age	Class	School / College Studying / Studied
a.					
b.					
c.					
17. Proficiency in Sports & Games / Co-curricular & Extra Curricular Activities					
SPORTS & GAMES		CO-CURRICULAR / EXTRA-CURRICULAR			
1		<input type="checkbox"/> Elocution		<input type="checkbox"/> Dance	
2		<input type="checkbox"/> Quiz		<input type="checkbox"/> Yoga	
3		<input type="checkbox"/> Debate		<input type="checkbox"/> Key Board	
4		<input type="checkbox"/> Drama		<input type="checkbox"/> Others	

18. Details on Medical History of the Student.

a. History of serious illness in the past, if any.

b. Does the Student have any identified allergies ?

c. Any Physical / Mental Disabilities ?

d. Physical Defect if any : ☐ Visual ☐ Auditory ☐ Orthopedic ☐ Others

e. Has he / she been inoculated / ☐ Triple Antigen ☐ Polio ☐ Cholera ☐ Small Pox
Vaccinated ☐ Typhoid ☐ Measles ☐ Yellow Fever ☐ Chicken Pox

DETAILS OF GUARDIAN(S)

19. a. Name	1.	2.
b. Gender / Relationship		
c. Occupation / Business		
d. Address		
Telephone Number(s)		

20. Name(s) of the relatives & guardians permitted by the parents to pick their wards at campus • No other visitors will be permitted to visit or contact the student	NAME OF VISITORS	RELATIONSHIP
	1	
	2	
	3	
	4	
	5	
	6	

21. Mode of Transportation of Student to and from School :

By School Bus				
By Private Vehicle	Two Wheeler	Auto	Car	Others :
Details of Vehicle and driver (Model, Reg. No., Driver, Mob. No. etc.)				

- I Mr./Mrs. Father / Mother / Guardian of the ward seeking admission, certify that the information furnished above are complete and correct to the best of my knowledge.
- I agree and understand that registration of my child / ward is no guarantee of admission into the school and the Registration fee paid, as indicated in the Prospectus, is Neither Refundable Nor Transferable.
- I also certify that I have carefully gone through the School's Prospectus and all the terms and conditions mentioned therein are acceptable to me.

Signature of Father

Mr.
(Name in Block Letters)

Place :

Signature of Mother

Date :

Mr.
(Name in Block Letters)

22. Documents to be Submitted

- | | |
|---|--------------------------|
| 1) Copy of Birth Certificate | <input type="checkbox"/> |
| 2) Copy of Community Certificate | <input type="checkbox"/> |
| 3) Copy of Aadhar Card | <input type="checkbox"/> |
| 4) Copy of Passport | <input type="checkbox"/> |
| 5) Previous School TC - Original | <input type="checkbox"/> |
| 6) Previous School Annual Marks Statement - Original | <input type="checkbox"/> |
| 7) Previous School Report Card - Original | <input type="checkbox"/> |
| 8) Conduct Certificate | <input type="checkbox"/> |
| 9) Residential Address Proof (Ration Card/EB Bill, Voter ID etc..) | <input type="checkbox"/> |
| 10) 3 Copies of recent passport size colour photograph of the child | <input type="checkbox"/> |

Verified by office clerk

Checked by Manager

NOTE :

Remarks by Manager

1. Parents / guardians are required to kindly go through the conditions contained in the prospectus before they fill in their ward's applications for registration.
2. The management reserves the right to add, delete or change any or all conditions / information mentioned in the prospectus without prior notice.

FOR OFFICE USE ONLY

Application issued on :

Reg. Receipt No. :

Date of Registration :

Registration for
the Academic Year :

Admission Status :

☐

Confirmed

☐

Waiting List

☐

Rejected

Remarks of the Principal

Date of Admission :

Signature of Cashier

Signature of Manager