



HOLY FAITH

एक संस्कार केंद्र

PRE SCHOOL & ACADEMY RUKADI

PHOTO

ADMISSION FORM

Form No. : 560

Std.

M

F

Date of Application

Std.

Name of Student

Date of Birth

Birth Place

Cast

Sub Cast

Category

Father's / Guardian's Name

Occupation of the Father

Qualification :

Mother's Name

Mobile :

Full Address :

– Parents Self Declaration :–

- I have read school prospects and agree to abide the rules and regulations of the school.
- I also agree to registration and govt, recognition of school.
- Deposited School Fees and other charges will not be refunded at any cost.
- I have agree to all terms and condition of school.

School Transports Declaration - | Shall not be using we school transport and shall be making own arrangements for transportation of my ward to and form the school at my own risk and responsibility.

Office Use Only

Form No. _____

Form Fees Paid: _____ Receipt No. [][][][][][]

Date: _____ [][][] [][][]

Signature of the office in charge

Parents / Guardian Signature

Principal / Manager Signature