



NEW ERA SCHOOL

Recognized by DoE

School ID: 1925454

261, Jamia Nagar, Noor Nagar Road, New Delhi- 25.

Email: newera540@gmail.com, Phone No. 9958715277, 9311396532

REGISTRATION/ADMISSION FORM

Admission to Class: _____

Admission No.: _____

Latest
stamp size
photograph
of the Mother

Latest
stamp size
photograph
of the Father

Latest
stamp size
photograph
of the Child

STUDENT'S INFORMATION

1. Name of the Child: _____ Male/Female _____
(Fill in capital letters only)
2. Date of Birth: (a) In figures: _____ (b) In words: _____
(Attach Birth certificate and Adhaar Card. Affidavit is not acceptable.)
3. (a) Blood Group: _____ (b) Any medical problem Yes/No (If Yes) give details: _____
4. Nationality: _____ 5. Religion: _____
6. Name of the previous school: _____ 7. Class in which studying: _____
Recognized Unrecognized Medium of instruction: _____
(Transfer Certificate or Academic record from the last school should be submitted with this form.)

FAMILY INFORMATION

8.	FATHER	MOTHER
a. Name		
b. Qualification		
c. Profession (Please specify)		
d. Email Id		
e. Residential Address		
f. Office Address		
g. Annual Income		
h. Mobile No.		

9. What's App No.: _____
10. Other Brothers, Sisters studying in this school:
1. Name: _____ Class: _____ Adm No. _____
2. Name: _____ Class: _____ Adm No. _____
11. Responsibility of child: Mother/Father/Both/Guardian
12. If Guardian, please specify
a. Name of the Guardian: _____
b. Relationship with the child: _____ c. Contact No.: _____

Agreement /Undertaking

1. I bind myself to submit to the school rules in all respects and accept that they may be changed from time to time. In all matters of dispute the decision of the Head of the School will be binding on me.
2. In accordance with the rules of the School, I understand, accept and authorize participation of my ward in programmes of tours, treks, camps etc. during his/her stay in the School.
3. I hereby agree to hold the School indemnified against all claims arising through illness, accident or any other cause whatsoever of my ward whether in School or in transit, or any tour, trek, outing or camp etc.
4. I authorize the Head of the School and through her the staff of the School, to act in loco-parentis of my ward while he/she is in the School or on tours, camps, etc.
5. I also agree that, in the event of my ward being withdrawn during the course of the year, whatever the reason, the full fees laid down by the School for the whole term will be paid by me.
6. I solemnly declare and affirm that the date of birth of the child and other information as stated above is correct to the best of my knowledge and belief and that I will not apply for any change therein.

I/We undertake to deposit the fees of my ward strictly according to the Fee Schedule prescribed by the Management of the School. If I/We omits or fail to pay the fees and contributions due to the School by the 10th day of the second month of each quarter .His/her name shall be struck off the Rolls of the School and re-admission fees as per rules will be charged.

I/We understand that after the admission of the child, if I/We withdraw him/her, only the caution money will be refunded to us and the remaining amount will be forfeited.

Date:

Full signature of the parent or guardian

Relationship with the child:

Teacher's Remarks:	Signature of Teacher:
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FOR OFFICE USE

(To be filled after admission)

Remarks:	Signature of Principal:
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Admission No.: _____

Admission to Class: _____

Transfer Certificate: _____

Date: _____

Birth Certificate: _____

Date: _____

Caution Money: _____

Date: _____

Signature of Principal

Class Teacher

Accountant

(To be filled at the time of withdrawal)

Admission No.: _____

Transfer Certificate No.: _____

Caution Money Refunded	Date of Cancellation	Date of Refund

Signature of Accountant

Receiver