

DECLARATION

CBSE : 1030222



I hereby declare that the information provided by me is true, and subject to verification.

1. I promise that my ward will abide by the rules and regulations of the school & the board and any action against the breach would be acceptable.
2. I indemnify the school for any kind of loss.
3. I accept that admission is subject to terms & conditions and its approval applicable from time to time by the monitoring/controlling authorities i.e. Board, State Govt. and Central Govt.
4. The School, in no case, will be liable for cancellation of admission. In such admission fee, under any circumstances, will not be refundable and no consequential damages what so ever will be payable by the school.
5. I also agree that in case of termination or suspension because of misconduct or any other reason, no claim of refund of fee and/or consequential expenses will be made.
6. I further authorize the school to penalize & charge for any damage or loss to its property.
7. I further indemnify that I will not leave the studies in between or else. I shall be liable to pay the fee amount for the current year.

UNDERTAKING

I Solemnly undertake that:-

1. I will deposit the school fee on time.
2. If the fee is late for a period of more than a month then my ward will not be permitted to attend the class or any other activity of the school.
3. In case the fee is late by two months then my wards name will be struck off from the school. In such case, I can take the T.C. by paying the up to date due amount or take re-admission on paying the admission charges with due permission by principal.



Date:.....
Place:.....

(Signature of Parent)

ADMISSION GRANTED

Mr. / Mrs. : _____

Receipt No. : _____ Initial Amt. _____

Remark:

**International Citizens
Indian Values**

E-8, Extension, Arera Colony, Shahpura, Bhopal-462039, Ph.: 0755-4038321
8889285611, Email : principal.orion@gmail.com, Web.: orionschool.info

Date: _____ Admn. In-Charge _____ Principal/Director _____

ADMISSION FORM



ACADEMIC PROFILE

Please Fill the complete form:-

CLASS APPLIED

BASIC INFORMATION.....
(Use Capital Letters Only)

First Name										
Middle										
Sur Name										

Name

Photo

Address for Correspondence.....

City.....State.....

Permanent Address

Telephone No.Mobile.....

E-mail :

Date of Birth.....Sex.....

Place of Birth.....Blood Group.....

Permanent Education Number.....

Aadhar Number.....SSSMID.....

Category: GEN OBC SC ST RTE

Father's Name.....Qualification.....

Profession.....Designation.....

Office Address.....

E-Mail.....Contact No. (Office).....

Mother's Name.....Qualification.....

Profession.....Designation.....

Office Address.....

E-Mail.....Contact No. (Office).....

Medical Information (as on date)

Weight.....Allergies/Stroke.....

Height.....Any communicable disease.....

Other Problems (please describe).....

For office Use

Form No.

Sch. No.

House Allotted

Give Details of last three years of Education (Use Capital Letters Only)

Class	Board	Name of School	Subject	Year of Passing	% of Marks obtained	Medium of Instruction

Note :

1. Xerox copy of the mark sheet of last exam passed to be attached.
2. Xerox copy of Birth Certificate from Municipal Corporation. (For Primary & Class 1)
3. Original TC for Class 2nd & above (Uploaded on Website)

Special Interest (HOBBIES) : Tick Activity of Interest

Group-1: Cricket Basket Ball Volley Ball Badminton T.T. Football Skating
Kho-Kho Billiards Chess Kabaddi

Group-2: Yoga Judo Karate Adventure Sports Trekking

Group-3: Dance Classical Dance Bollywood Dance Western Vocal Guitar Instrumental Music School Band

Group-4: Poetry Hindi Poetry English Debate Writing Social Services Martial Art

Group-5: Bonsai Pottery Painting Sketching

Details of Siblings

	Name	Class	School
1.
2.
3.
4.

STRICTLY FOR OFFICE USE

<i>Total Fee</i> <input style="width: 80px;" type="text"/>	<i>Lump Sum/ Inst.</i> <input style="width: 80px;" type="text"/>
<i>Concession</i> <input style="width: 80px;" type="text"/>	<i>Net Fee</i> <input style="width: 80px;" type="text"/>