

## ST. STEPHEN'S SCHOOL

GOSPUR ROAD, PO - DALSING SARAI, DIST - SAMSTIPUR, BIHAR - 848114

2815

O DE	CICTRATION	/ ADA	HCCION	FORM
(now as you Grow	GISTRATION	/ ADN	NOICCII	FUKIV

Registration fee received vide Receipt No. Dated Size 35 Width x 45 Height MMM  To, The Principal, St. Stephen's School Sir/Madam, I/We request you that My / our ward (son / daughter) be considered for admission in class of your school w.e.f. the Session 201. As a Boarder As a Day Scholar (Please tick)  1. Candidate's Name in full (IN BLOCK LETTERS)  2. Date of birth (In figures) (a) Name of School (b) Class last attended (c) Promoted to class  5. Name of Father Name of Mother Name of Local Guardian  6. Permanent Address  7. Phone No. (R) Father (O) 8. Mobile No. 9. Email 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address  15. Whether any member of the family is / was associated with this school YES NO (Please tick)	Form No. Folio No. House	passport size photograph				
To, The Principal, St. Stephen's School   Sir/Madam,   We request you that My / our ward (son / daughter) be considered for admission in class	Tomrito rollo No nouse	of Student				
To, the Principal, St. Stephen's School Sir/Madam, I/We request you that My / our ward (son / daughter) be considered for admission in class	Registration fee received vide Receipt No. Dated					
Session 201 201	Sir/Madam,					
1. Candidate's Name in full (IN BLOCK LETTERS)  2. Date of birth (In figures)	I/We request you that My / our ward (son / daughter) be considered for admission in class	of your school w.e.f. the				
2. Date of birth (In figures) 3. Nationality Religion Category Caste 4. Particulars of Previous studies (a) Name of School (b) Class last attended School Name of Father Name of Mother Name of Local Guardian  7. Phone No. (R) Father Mother Local Guardian  (O) 8. Mobile No. 9. Email 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address  15. Whether any member of the family is / was associated with this school YES NO (Please tick)	Session 201 201 As a Boarder As a Day Scholar (Please tick)					
3. Nationality Religion Category Caste 4. Particulars of Previous studies (a) Name of School (b) Class last attended (c) Promoted to class (c) Promoted to	Candidate's Name in full (IN BLOCK LETTERS)					
3. Nationality						
4. Particulars of Previous studies (a) Name of School (b) Class last attended	2. Date of birth (In figures)(In words)					
(b) Class last attended						
6. Permanent Address  7. Phone No. (R) (O) (O) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E						
7. Phone No. (R) Father Mother Local Guardian Mother 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address No (Please tick)	5. Name of Father Name of Mother Name of Local Gr	uardian				
7. Phone No. (R) Father Mother Local Guardian Mother 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address No (Please tick)						
7. Phone No. (R) Father Mother Local Guardian Mother 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address No (Please tick)						
7. Phone No. (R) Father Mother Local Guardian Mother 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address No (Please tick)						
(O)  8. Mobile No.  9. Email  10. Qualification  11. Occupation  12. Designation  13. Monthly Income  14. Correspondence Address  15. Whether any member of the family is / was associated with this school  15. Whether any member of the family is / was associated with this school  16. VES NO (Please tick)	6. Permanent Address					
(O)  8. Mobile No.  9. Email  10. Qualification  11. Occupation  12. Designation  13. Monthly Income  14. Correspondence Address  15. Whether any member of the family is / was associated with this school  15. Whether any member of the family is / was associated with this school  16. VES NO (Please tick)						
(O)  8. Mobile No.  9. Email  10. Qualification  11. Occupation  12. Designation  13. Monthly Income  14. Correspondence Address  15. Whether any member of the family is / was associated with this school  15. Whether any member of the family is / was associated with this school  16. VES NO (Please tick)						
8. Mobile No. 9. Email 10. Qualification 11. Occupation 12. Designation 13. Monthly Income  14. Correspondence Address  15. Whether any member of the family is / was associated with this school  15. Whether any member of the family is / was associated with this school  16. Whether any member of the family is / was associated with this school  17. Whether any member of the family is / was associated with this school  18. Mobile No.  19. Email 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address  15. Whether any member of the family is / was associated with this school  16. Very member of the family is / was associated with this school  17. Very member of the family is / was associated with this school  18. Very member of the family is / was associated with this school	7. Phone No. (R) Father	an				
9. Email 10. Qualification 11. Occupation 12. Designation 13. Monthly Income 14. Correspondence Address 15. Whether any member of the family is / was associated with this school  15. Whether any member of the family is / was associated with this school  16. Whether any member of the family is / was associated with this school  17. Whether any member of the family is / was associated with this school  18. Whether any member of the family is / was associated with this school  19. Whether any member of the family is / was associated with this school  19. Whether any member of the family is / was associated with this school  19. Whether any member of the family is / was associated with this school	(0)					
10. Qualification 11. Occupation 12. Designation 13. Monthly Income  14. Correspondence Address  15. Whether any member of the family is / was associated with this school  YES NO (Please tick)	9 Fmail					
11. Occupation 12. Designation 13. Monthly Income  14. Correspondence Address  15. Whether any member of the family is / was associated with this school YES NO (Please tick)	10. Qualification					
13. Monthly Income  14. Correspondence Address  15. Whether any member of the family is / was associated with this school YES NO (Please tick)	11. Occupation					
14. Correspondence Address  15. Whether any member of the family is / was associated with this school YES NO (Please tick)	***************************************					
15. Whether any member of the family is / was associated with this school YES NO (Please tick)						
있습니다. (1915년 1일	14. Correspondence Address					
있습니다. (1915년 1일						
If yes, specify name	15. Whether any member of the family is / was associated with this school YES NO	(Please tick)				
	If yes, specify name					
I certify that above information is true and correct.  Signature of Parent / Guardian	I certify that above information is true and correct.	dian				

Note: Incomplete form shall be summarily rejected (Please complete ALL entries In full)



# ST. STEPHEN'S SCHOOL

DECLARATION					
I am aware of the rules mentioned in prospectus for admission into the school.					
Copy of birth certificate Report Card of Previous Cl	lass Transfer Certificate is attached herewith.				
I will abide by all school rules as may be framed from time to time.					
THE RESIDENCE OF THE PARTY OF T					
INDEMNITY BOND In the event of any accidental injury or harm or loss of the life during the school or authorities responsible for the same.	ng the course of the stay of my ward in the school, I shall not hold				
Date	Signature of Parent / Guardian				
MEDICAL CERTIFICAT	E				
This is to certify that	subject to any deformity or mental defect & such troubles as sy, asthma, tonsillitis and bedwetting.				
Weight Kg Height Chis					
Date Place	Signature and Seal				
(To be filled in by registered medical practitioner not lower the					
	3 3 3 150				
FOR OFFICE USE ONLY					
Entrance Examination Percentage					
% Date	Admitted to Class				
	Date				
Name & Signature of Entrance Exam I/C					
Admission No.  Receipt No.  House	Computer Dept. (Signature)  Name of Operator				
Accountant	Principal's Signature				



## ST. STEPHEN'S SCHOOL

### ADMIT CARD

2815

#### FOR OFFICE USE ONLY - Do not fill in this section

Once Admission is finalised the parents will be provided with this Admit Card.

The new student MUST carry this ADMIT CARD with him / her to school on the first day of school. This card is the proof of the child's admission and is filed in the Personal file of the child by the class teacher concerned.

Affix recent colour passport size photograph of Student

> Size 35 Width x 45 Height MM

### THIS FORM IS TO BE FILLED IN BY THE SCHOOL OFFICE (DO NOT DEFACE IN ANY WAY PLEASE)

NAME OF CANDIDATE	
FOR CLASS	
FOLIO NO. ASSIGNEDHO	
NAME OF FATHER	
DATE OF ADMISSION	
SIG: 1) OFFICE STAFFEN	TRY MADE IN COMPUTER
2) ADMINISTRATOR	
3) STAFF WHO CONDUCTED ENTRANCE TEST	

#### **PRINCIPAL**

A FRESHLY ADMITTED STUDENT MUST BRING THIS FORM TO THE CLASS TEACHER ON FIRST DAY AT SCHOOL