ST. THOMAS SCHOOL, LONI

IndraprasthaYojna, Pocket-H, Loni Road, Ghaziabad, 201003 (U.P.).
Phone : 0120-2682024, 0120-2682025,8860458800
Email : stthomas.loni@gmail.com;Website : www.stthomasghaziabad.org

FORM No. :

PHOTO

(Recent Photograph to be affixed)

REGISTRATION FORM (2019 – 20)
CLASS : NURSERY

*Use**CAPITAL LETTERS**to fill the form*

1. a. Name of the Child	

b. Nationality:	Religion :	Caste :

c. Gender :	d. Category : ☐ General ☐ SC ☐ ST ☐ OBC *(Tick the appropriate & attach proof in case of SC, ST & OBC)*

e.Whether belongs to any Minority Community? If yes, specify which one :

f. Aadhaar No. of child (*if available*)	☐☐☐☐ ☐☐☐☐ ☐☐☐☐

g. Date of Birth *(In Figures)*	D D M M Y YYY ☐☐ ☐☐ ☐ ☐☐☐
(In Words)	………………………………………………………………………………

h. Age as on 31st March 2019	☐☐ Years ☐☐ Month/s ☐☐ Day/s

2.Parents' Details	Father's	Mother's
a. Name		
b. Qualification		
c. Profession / Designation		
d. Office Address		
e. Mobile No.		
f. Email		

3. Residential Address:	4. Permanent Address :
Pincode: Tel No :	Pincode : Tel No :

5. a. Guardian's Name *(If any)*			
b. Contact Address			
c. Tel No :	**Mobile :**		**E-Mail:**

6. Total Monthly income of the Family:

7.Information regarding siblings studying in St.Thomas School (Sahibabad/Indirapuram/Loni).

S.No.	Name	Branch	Class & Sec	Admission No.
1.				
2.				
3.				

8. Name of the Play School attended *(If any)* **:**

9. Congenital/genetic disease *(if any)***:**

10. Whether Transport Facility is required:
(*Transport facility is available on the selected routes only. Kindly check website for routes*)

<div align="center">

DECLARATION

</div>

I/We hereby certify that the above information provided by me/us/ is /are correct and I/We understand that if the information is/are found to be incorrect or false and the necessary supporting documents are not enclosed, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard.

I/we also understand that the application /registration/ short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.

Date :   **Signature of Mother :**   **Signature of Father :**

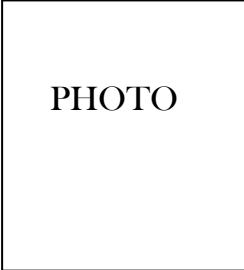<div align="center">

FOR OFFICE USE ONLY

</div>

Received Rs …………………………Reg .Receipt No:………………………………………….. Date:……………………

Authorized Signatory

Admission not granted / granted to class ……………………………………………………….. Date :……………………

PRINCIPAL

REGISTRATION SLIP FOR NURSERY
St.Thomas School
IndraprasthaYojna, Pocket-H, Loni Road, Ghaziabad

PHOTO

1. **Registration Slip No:**...

2. **Name of theChild**   **:** ....

3. **Father's Name /Guardian's Name**   **:** ....

4. **Admission for Class**   **:** ....

5. **Received (Non- Refundable) Registration Charges :**...

- ❖ *It is essential to produce this slip at the time of interaction and admission.*
- ❖ *Only the parents must accompany the child at the time of interaction.*
- ❖ *Kindly deposit Rs. 500/- as REGISTRATION FEE at the time of submission of form.*
- ❖ *DO NOT STAPLE THE FORM.*

Authorized Signatory

Documents to be submitted along with the Registration form :-

1. *Self attested copy of the Birth Certificate* from Corporation/ Municipality/ Panchayat. (Affidavit or Hospital Certificate will not be accepted.) Any change in Date of Birth on later stage will not be accepted.

2. *Family photograph (***Post card size***, combined one).Photograph clicked on any other occasion will not be entertained.*

3. *Baptism Certificate*& a *Letter from the Parish Priest.* (For Christian Minority Students only).

4. Certified Copy of *BPL Card* issued by the Magistrate. (For BPL Category only).

5. *Self attested copy of SC/ST/OBC Certificate* (If applicable) to be submitted.

6. Affix *recent passport size photographs*of the candidate at the designated places on the form.

7. *Copy of Residence proof. (Aadhaar, Voter ID , Gas Connection , Rent Deed, Registration of the House, Electricity/Telephone Bill etc.).*

Documents needed at the Time of Interaction :-

1. *Medical Fitness Certificate* of the Candidate.

2. *Originals of all the documents(as mentioned above) **will be verified at the time of interaction.***