



# SATPUDA VALLEY SCHOOL

Cambridge Assessment  
International Education  
Cambridge International School

Wholesome Learning and International Schooling  
(AFFILIATED TO UNIVERSITY OF CAMBRIDGE, AFFILIATION NO. IN099)

satpudavalley  
satpudaglobal

principalsvs2021@gmail.com  
Satpuda Valley School, Itarsi Road Sonaghati, Betul

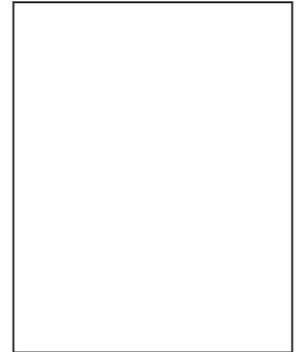
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## ADMISSION FORM

Form No.....

Admission No .....

Admission in Class .....



We .....(Father) and .....(Mother) desire to have our son/daughter/ward whose particulars are given below to be admitted as a day scholar in your school.

### INFORMATION OF CHILD

Full Name of Student (To be filled in capital letter)

Gender

Male	Female	Transgender
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Birth

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth in words

Admission in Class

Religion

Caste

Category

SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>	GEN	<input type="checkbox"/>
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### Student Details :

Previous School (if any) attended		
Previous Class :	Board :	Percentage :
School transfer certificate to be submitted in original :		
( i ) Copy of Birth Certificate	( ii ) Copy of Aadhar Card	( iii ) Passport Size Photo-2 ( two )

### Details of Sibling 1 :

Name :	Gender :	Date of Birth :
School :	Class:	

### Details of Sibling 2 :

Name :	Gender :	Date of Birth :
School :	Class:	

### PARENTS DETAILS

Father's Name :	Mother's Name :
Educational Qualification :	Educational Qualification :
Occupation :	Occupation :
Designation :	Designation :
Annual Income :	Annual Income :
Mobile No.:	Mobile No.:
WhatsApp No. :	WhatsApp No.:
e-mail :	e-mail :

**Mandatory Documents**

( i ) SSSMID No.	( ii ) Aadhar Card No.
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**Bank Account Details :**

Bank account holder	Bank Name / Branch
Bank account No.	
IFSC Code	
WhatsApp No.	e-mail :

**CURRENT RESIDENTIAL ADDRESS**

Distance from school (in kms)	Preferred Phone No. for School SMS

**Medical Information (If any)**

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Emergency Contact No.	Name of the person to be Contacted	Relationship
	Mr./Mrs.	
	Mr./Mrs.	

**DECLARATION**

I Mr/Mrs -----F/o,M/o, G/o -----do hereby declare that the information given in admission form for admission in SATPUDA VALLEY PUBLIC SCHOOL BETUL , and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true at any point of time, admission will be cancelled and any benefit accrued by me or my ward shall be summarily cancelled.

Date:

Place:

Signature of the Parent/Guardian

**FOR SCHOOL USE ONLY**

Copy of Samagra ID	Copy of Aadhar Card	Passport size Photograph
Copy of Birth Certificate	Copy of Passbook	Copy of Marksheet
Transfer Certificate	Medical Form	Admission Fees
Transportation Form	Passport Copy	School Parent Agreement Form

**Information about Student :**

Scholar No .....

Class .....Section.....House Allotted.....

Principal Remarks.....

Date .....

Signature of Principal.....