



# the sanskriti school

Address: CG City, Chak Ganjaria, Lucknow 226002

Contact : +91-7522086139 | E-mail : contact@thesanskriti.edu.in | Website : www.thesanskriti.edu.in

Admission No \_\_\_\_\_

Form. No \_\_\_\_\_

Affix photo of  
Father/Guardian

Affix photo of  
Mother/Guardian

Affix photo of Child

We, \_\_\_\_\_ and, \_\_\_\_\_ desire  
to have our son/daughter/ward whose particulars are given below admitted as a day scholar in your School:

## INFORMATION OF THE CHILD

Last Name

First Name

Gender

Date of Birth

Date of Birth in words

Blood Group

☐ Male ☐ Female

DD MM YY

Class for which admission is sought

Religion

Nationality

SC/ST

☐ Yes ☐ No

Vaccination details

(Special Needs, etc.)

Allergies(if any)

School counsellor services requested

Special needs educator requested

Languages known

## MEAL PLAN

Only Breakfast

Only Lunch

Breakfast & Lunch

## Sports Interest

Outdoor:- Mention three sports activities in which you are interested

Indoor:- Mention three sports activities in which you are interested

## Uniform Interest

NCC ☐ Girl Guides ☐ Scouts ☐

**Community service**

Swachh Bharath ☐ Fund raising ☐

**Visual & Performing Arts**

Choose one in Visual and one in Performing

Visual:- Art ☐ Photography ☐ Theatre ☐ Dance:- Classical ☐ Western ☐

Music:- Classical ☐ Western ☐ Instrumental:- Classical ☐ Western ☐

**Club Choose One**

Heritage Club ☐ Language & Literature Club ☐ Science Club ☐ Math Club ☐

**RESIDENTIAL ADDRESS**

<b>Tel.:</b>
<b>Fax.:</b>

**CORRESPONDENCE ADDRESS**

<b>Tel.:</b>
<b>Fax.:</b>

Distance from school (in kms):  Preferred Phone Number for School SMS:

Emergency Contact Numbers Mobile Nos.	Name of the person to be contacted	Relationship

**FAMILY INFORMATION****Father/Guardian:**

<b>Name:</b>	<b>Age:</b>	<b>Nationality:</b>
<b>Educational Qualification:</b>	<b>Institution:</b>	
<b>Occupation:</b>	<b>Office Address:</b>	
<b>Designation:</b>		
<b>Annual Income:</b>	<b>Tel:</b>	

**Mother/Guardian:**

<b>Name:</b>	<b>Age:</b>	<b>Nationality:</b>
<b>Educational Qualification:</b>	<b>Institution:</b>	
<b>Occupation:</b>	<b>Office Address:</b>	
<b>Designation:</b>		
<b>Annual Income:</b>	<b>Tel:</b>	

**Single Parent:**

Tick one, only if applicable

<b>Father</b>	<b>Mother</b>
<b>if child is sponsored</b> (Name of sponsoring agency)	
<b>Permanent Address:</b>	
<b>Email ID:</b>	

\* Please note that martial art is included in our P.E Curriculum.

## SCHOOL

(i) **Previous School (if any) attended:**

**School transfer certificate to be submitted in original**

(ii) **Detail of any Siblings:**

**Name of the Child:**

**Name of the School:**

(iii) **Incase of Staff ward:**

**Name of the Parent:**

**Areas in which you could contribute to enrich school life in terms of time, skills etc.**

**Please tick:**

<b>Cultural</b>	<input type="checkbox"/>	<b>Medical</b>	<input type="checkbox"/>	<b>Media</b>	<input type="checkbox"/>
<b>Professional</b>	<input type="checkbox"/>	<b>Sports</b>	<input type="checkbox"/>	<b>Academics</b>	<input type="checkbox"/>
<b>Outdoor activities</b>	<input type="checkbox"/>	<b>Camps</b>	<input type="checkbox"/>		

## SIGNATURES

**I hereby certify that the information given in the admission form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.**

**I have read and do hereby consent to the terms and conditions enclosed with the registration form.**

**Signature of Mother / Guardian**

**Signature of Father / Guardian**

**For Office use only**

- ☐ **Medical form**
- ☐ **Birth / Transfer Certificate**
- ☐ **Transportation form**
- ☐ **Admission fees**

**PRO Signature**

**Date** \_\_\_\_\_

**Principal Signature**

**Date** \_\_\_\_\_