



# ST. ANNE'S SCHOOL

**A-Block, Nehru Colony, Haridwar Road, Dehradun (U.K.)**  
**Ph.: 0135-2672929 • E-mail : sas.doon@gmail.com**





## INFORMATION REGARDING PARENTS/GUARDIAN

### \* Details of the Father :

Name                          E-mail

Educational Qualifications  Service  Business  Self Employed

Details of Profession/Occupation

Office Address

Phone (R)  (O)  Mobile

### \* Details of the Mother :

Name                          E-mail

Educational Qualifications

Details of Profession/Occupation  Annual Income

Office Address

Phone (R)  (O)  Mobile

### \* Details of the Guardian/Person to be contacted in case of an emergency (Other than father/Mother):

Name                          Relationship with the Child

Residential Address

Phone (R)  (O)  Mobile

### \* Areas where parental interest / expertise could enrich the school. please ( ) your interest (s):

Music / Dance  Theater  Environment  Academics  Any Other

Public Speaking  Health / Sports  Media /PR  Painting / Sculpture

## DECLARATION BY THE PARENT / GUARDIAN

- I wish to enrol my ward for registration and agree to abide by all the rules and regulations of the School.
- I understand that:
  - Registration / interaction does not guarantee admission.
  - The decision of the School authorities shall be final and binding in all matters.
- Permission is hereby granted to the School to seek medical assistance, even hospitalization for my ward in the event of any emergency when it is not possible to contact me. In such event I will be responsible for all the expenses incurred. (i.e. transport, medical fees and administrative costs etc.)
- I will not hold the school responsible for any injury to my ward arising from an accident / untoward incident beyond the control of the School.
- Permission is also granted for my ward to be included in any graphic material published by the School to illustrate the activities of the School.
- Documents attached :**

	Yes	No	NA	Remarks
a. Attested copy of Birth Certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	_____
b. Attested copy of Latest Progress Report.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	_____
c. Original T.C. From School last attended.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	_____
d. Original Medical Certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	_____
e. Blood Group Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	_____
- I hereby certify that the information given in this application is true and complete to best of my knowledge and belief.  
I understand that providing false information could jeopardize acceptance/enrollment/continuance of my ward in this School.

Date : \_\_\_\_\_ Place : \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

For Office Use only

From Checked By  Result of Admission Test (If any)   
Date of Interaction   
Admission Granted : Standard  Not Granted  Date of Admission   
Remark   
\_\_\_\_\_  
Principal  
Fee Receipt No.  Amount  Details entered in database by

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