



Solan Public School, Solan

Beautiful Beginnings...

Residential cum Day Boarding School
Offering education from K-XII (Science/ Commerce/ Humanities)
Affiliated to CBSE, New Delhi. | Affiliation No. 630331 | School No. 41968

APPLICATION FOR ADMISSION

(PRE-PRIMARY, PRIMARY, SECONDARY 2024-25)

To be filled in CAPITAL LETTERS by parents.

Photograph
of the
Student

Reg. No.:

ABOUT ME

NAME OF THE STUDENT: _____ / _____ / _____
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH: GENDER: MALE FEMALE
(Please provide a attested copy of Birth Certificate)

NATIONALITY: _____ DATE OF ADMISSION _____

ADMISSION FOR CLASS: _____ AADHAR CARD NO.: _____

FATHER'S NAME: _____ / _____ / _____
(First Name) (Middle Name) (Last Name)

FATHER'S AADHAAR NO.: _____ FATHER'S PAN NO.: _____

MOTHER'S NAME: _____ / _____ / _____
(First Name) (Middle Name) (Last Name)

MOTHER'S AADHAAR NO.: _____ MOTHER'S PAN NO.: _____

MOTHER TONGUE: _____ RELIGION: _____ SC/ST/OBC/GEN.: _____
(Please provide a copy of Caste verification and supporting documents)

OCCUPATION OF PARENTS': FATHER: _____ MOTHER: _____

GROSS ANNUAL FAMILY INCOME: _____

PRESENT ADDRESS OF PARENTS

PRESENT ADDRESS OF GUARDIAN

PERMANENT ADDRESS OF PARENTS

PERMANENT ADDRESS OF GUARDIAN

MOBILE NO.: _____

MOBILE NO.: _____

EMAIL ID: _____

EMAIL ID: _____

EMERGENCY NO.: _____

EMERGENCY NO.: _____



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OTHERS

NAME OF THE SIBLING(S): _____ STD: _____ DIV: _____

TRANSPORT FACILITY REQUIRED: YES NO

HOSTEL FACILITY REQUIRED: YES NO

MY ACADEMICS

PREVIOUS SCHOOL ATTENDED (IF APPLICABLE): _____

LAST CLASS ATTENDED: _____

(Please attached copy of School Leaving Certificate, if any)

MY MEDICAL INFORMATION

(PLEASE PROVIDE APPROPRIATE DOCUMENTS)

WHETHER VACCINATED OR NOT FOR VARIOUS AILMENTS: YES NO

BLOOD GROUP: _____

ALLERGIES (IF ANY): _____

AILMENTS (IF ANY): _____

NAME OF FAMILY DOCTOR: _____ PH. NO.: _____

PLEASE MENTION NAME(S) OF ANY MEDICATION TAKEN:

1. _____ 2. _____

3. _____ 4. _____

ANY SURGERIES: YES NO

IF YES, PLEASE GIVE DETAILS: _____

ANY OTHER RELEVANT INFORMATION RELATING TO THE HEALTH OF THE STUDENT

IDENTIFICATION MARKS: 1. _____

(BIRTH MARKS) 2. _____



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ADMISSION PROCEDURE

Completed application form must be submitted to the school at the time of seeking admission along with the copies of :

- (i) Attested birth certificate
- (ii) Health certificates
- (iii) TC from previous school (in case of non-availability, an undertaking to submit the same within a week from the date of admission)
- (iv) Four passport size photographs of the applicant
- (v) Two passport size photo of each parent and
- (vi) Two passport size photo of the local guardian (if guardian is responsible for the child)

1. The registration fee (non-refundable) must be paid to the school office along with the admission form.
2. After the form has been processed, a date will be set for the applicant's interaction with the respective Segment Head / Coordinator / Admission Counsellor of the School.
3. Parents will be informed within one week about the result. If a seat is offered, the child's admission/enrolment must be confirmed and all dues paid within three days. The School reserves the right to offer child's seat to any other candidate at its own discretion. (if the dues are not paid as per instructions)

Note: Fees once paid will not be refunded.

I confirm, to the best of my knowledge and belief that, the information I have provided in this form is correct. I am fully aware that the admission once granted to the child on the basis of the information I have provided, may be withdrawn or withheld at anytime, if it transpires, that any information is substantially wrong, making the admission untenable.

I have understood and agreed to abide by all the School rules and regulations in-force from time to time including the School discipline, timings, attendance, tuition fee and refunds etc... I also acknowledge that while the School does its best to ensure the safety of each child's life, health and property, the School cannot be held responsible for any damage.

I am also aware that the School reserves the right to raise the fees by a minimum of 10% every year.

DECLARATION

Signature of Father

Signatories Names

Signature of Local Guardian

1. _____

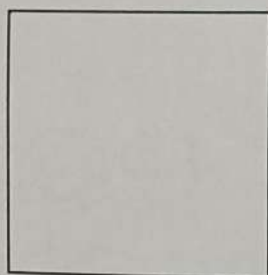
Signature of Mother

Relationship to the child

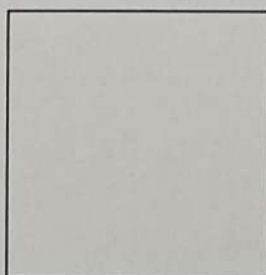
2. _____

PHOTOGRAPHS

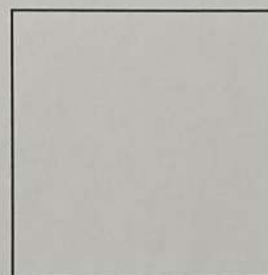
Please paste the photos and sign across the photos



Father



Mother



Local Guardian



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FORM ACCEPTED BY: _____ ON DATE: _____
(OFFICE BEARER)

DOCUMENTS RECEIVED WITH THE APPLICATION FORM / /

SR. NO	DOCUMENT	RECEIVED: YES/NO	REMARKS
1	PHOTO OF THE CHILD AFFIXED (Four)		
2	AADHAAR CARD COPY OF CHILD		
3	DATE OF BIRTH CERTIFICATE		
4	PREVIOUS SCHOOL LEAVING CERTIFICATE		
5	MEDICAL DOCUMENTS (IF NECESSARY)		
6	PHOTOGRAPHS OF FATHER (Two)		
7	PHOTOGRAPHS OF MOTHER(Two)		
8	AADHAAR CARD PAN CARD COPY OF FATHER		
9	AADHAAR CARD PAN CARD COPY OF MOTHER		
10	PHOTOGRAPH OF THE LOCAL GUARDIAN(WHERE APPLICABLE)		
11	CATEGORY CERTIFICATE (IF APPLICABLE)		

FOR OFFICE USE

FORM AND DOCUMENTS VERIFIED AND FOUND IN ORDER BY: _____

DATE: / /

WRITTEN TEST ON: / /

PARENT INTERACTION DATE: / /

APPLICATION DECISION:

ACCEPTED /
REJECTED

LAST DATE FOR PAYMENT OF
FEES

ACCOUNTS

ADMISSION COUNSELLOR

H.M

M.D