



SLOPELAND PUBLIC SCHOOL

(English Medium Co-Educational Sr. Sec. School Affiliated to CBSE, No. 1230022)

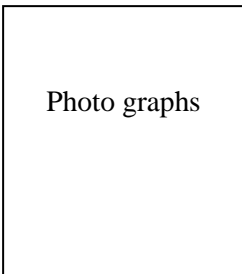
With Full Boarding & Day Schooling

Salt Village, B.P.O. Khongjom, Manipur-795 148, India

Phone No. 09615965922, 09856835024

E-mail: slopelandpublicschool@yahoo.com

Website: www.slopelandpublicschool.com



SL.NO

ADMISSION FORM

Admission No : (To be filled by the office)Class to which admission sought :Session :

PERSONAL DETAILS:

1. Name of the Child (**IN CAPITAL LETTERS**)

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2. Gender : Male Female Any Other

3. Date of Birth : In words :

(Attach date of Birth certificate issued by the Competent Authority)

Scheme of Studies : Main Subject : (1) (2) (3)
(4) (5)

Elective Subject: (**For XI & XII**) Manipuri/Fine Arts :

Additional : Club/Vocational Stream :

STREAM (FOR CLASS XI & XII ONLY) _____

4. DETAILS OF PARENTS :

Father Name: Qualification: Occupation: Aadhar No. E-mail: Phone No: Phone No. (Whatsapp) Mother Name: Qualification: Occupation: Aadhar No..... E-mail:..... Phone No:.....Phone No. (Whatsapp)
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5. Present Address.

P.O. PS. District State Pin Code Land Mark

6. Official Address:

P.O. PS. District State Pin Code Land Mark

7. Whether the Candidate is :

- a. Single Girl Child: Yes No
- b. Specially abled (*Divyangjan*): Yes No
- c. Belonging to the EWS: Yes No

(Attach proof wherever applicable)

8. Category: (*Attach proof*): General SC ST OBC EWS

9. Aadhar No. (*Attach Proof*):

10. Name and address of the last attended school :

11. Class last attended :

12. Last School Affiliated is

CBSE ISCE IB State Board Any Other (please specify).....

13. Result of Last Class :

Sl.No	Subject	Maximum mark	Marks Obtained	% of marks	Remarks
i					
ii					
iii					
iv					
v					
vi					

14. Transfer certificate Details : (In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority)

Transfer Certificate No : Date of Issue :

15. Details of Siblings (if any)

Sl.No	Name	Brother/Sister	Age	School studying in
i				
ii				
ii				

16. Name of the persons to be contacted in case of emergency:

Name: Relationship with the child:

Phone No: (1), (2) & (3)

17. Medical history of the child (has been child suffered from any major illness: YES/NO:

(Disclose related document if chronic disease, for proper caring by the school)

18. I Certify that:

- (i) *The above information including name of candidate, Father’s/Guardian’s Name, Mother’s name and Date of Birth furnished by me is correct to the best of my knowledge and belief. I do hereby consent to abide by the school rules and regulation given in the Prospectus/Admission Guideline in force from time to time.*
- (ii) *In spite of normal precaution taken by the school, any mishap accident or injury occurs to my ward during the period of stay in the school or if and when on educational tours, study tours, excursion or camps, the institution or staffs will not solely hold responsible for it.*
- (iii) *In spite of normal precaution and care taken by the school, if any students run away without giving any information from the school campus, then students and parents will be held responsible.*

Signature of the Student

Name:

Date

Signature of the Parent/Guardian

Name:

Relation with the child:

For School Use only

Correct entries from the Admission Form to Admission and Withdrawal Register have been made on

Page No on dated

Documents enclosed (Original)

1. 2. 3.

Receipt No:-----

Section:-----

Admission Class:-----

House Allotted: -----

Admission Granted/Rejected
Principal