



Admission subject to availability of seats

Form No.

Year –

Registration No.

Branch

This form is valid till

Class

Affix a recent
Passport Size
Coloured
Photograph

Combined Orientation form for
Available Seats in
All Sunbeam Schools and Hostels

(Write in **CAPITAL** letters)

INFORMATION OF THE CHILD

Last Name Middle Name First Name

Date of Birth / / Place of Birth State

DD MM YY

Nationality Religion SC/ST

Permanent Address

Tel (with STD code) Off: _____ Res: _____ Mob: _____

Fax _____ E-mail _____

School in which child is presently studying Class in which child is presently studying

Is the school affiliated to CBSE ICSE State Board

Medium of instruction of previous school



FAMILY INFORMATION

Father/ Guardian

Name Age

Educational Qualification

Organisation Working For

Designation Nationality Annual Income

Office Address

Phone (s) Mobile e-mail

Mother/ Guardian

Name Age

Educational Qualification

Organisation Working For

Designation Nationality Annual Income

Office Address

Phone (s) Mobile e-mail

Number of children Any children studying at Sunbeam
Son Daughter Yes / No

If 'YES' give details of & name of the child/children studying at any branches of Sunbeam

	Class	Branch
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

Proof of Age

We solemnly declare that the date of birth of the child given is as per the birth certificate which can be produced for verification. A certified copy is also enclosed. I hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation 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 being enclosed with the application form for admission. I agree to pay the school fee as per the terms. I understand and agree that registration for admission is no guarantee to admission. I agree to submit the transfer certificate / birth certificate and marksheet of my child by the 2nd week of April or within 2 weeks of admission of my child.

Signatures :

Father/Guardian

Mother/Guardian

Date

To be filled in by the School Authorities

Improvement Suggested in the areas of

English

Hindi

Maths

General Studies

Reading

Communication Skills in

English..... Hindi..... Maths..... General Studies

Remarks.....

For Class XI

ENGLISH

SCIENCE

MATHS

COMMERCE

OPTIONAL

Admission Recommended
for.....

ADMITTED TO CLASS

ADMISSION NOT GRANTED

Please submit with the form

1. Photocopy of Birth Certificate (Play group & KG section)
2. Photocopy of last Report card
3. Transfer Certificate (Original)
4. 15% Seats are reserved for meritorious SC/ST students as per UP Govt regulations

PRINCIPAL / DIRECTOR



ASSUMPTION OF RISK

To,
The Managing Committee,
SUNBEAM SCHOOL & HOSTEL, VARANASI

Date :

(Write in Block Letters)

My Son / Daughter has my permission to participate in all Co-curricular activities (games, sports, drama, excursions etc.) and other outdoor and indoor activities organised by the school. I hereby permit him / her to use the transportation provided by the school, if needed, and will not hold the committee / school, responsible for any claims resulting from any accidents etc. while coming or going to school or within the school campus. The date of birth as mentioned in this form taken from birth certificate/T.C. of my son/doughter is correct and I will not demand any change in the future.

In case of any accident or emergency during a trip / excursion the school will not be held responsible, though I believe the school authorities accompanying the children will be vigilant and extremely alert to avoid any such mishap during school tours, excursions, competitions etc.

I have read the rules and regulation of the school as laid down in the summary of prospectus and agree to abide by them. I hereby agree to abide by all the decisions of the Principal. If my child is found indulging in any indiscipline, whatsoever, the Principal will have the right to punish or expel him / her from the institution and this decision will be final and binding on me. I understand that no third party will be allowed to represent me or my child in any matter.

Parent's Signature

Name & Address _____

Tel No. : _____

Mob. : _____

Date

