

F-19, Sec-8 Rohini, Delhi - 110085 www.orleanstheschool.in | admission@orleanstheschool.in 011-27948500, 27942400 Mob.:- 9250408920

	ADMISSION FORM Session	Form No. 1290	
Affix child's passport size photo	Affix father's passport size photo	Affix mother's passport size photo	
	WARD'S DETAILS (To be filled by Parent)		
NAME (IN BLOCK LETTERS)		M F	
Date of birth  D D M M Y Y Y Y	Category : Gen / OBC / SC / ST	Gender	
Age as on 31st March	Admission for Class :		
Place of Birth	Distance from Sch	nool ( in Kms)	
Correspondence Address			
Permanent Address			
andline No	Mob No	Nationality	
	HEALTH INFORMATION	(Students & Parents)	
Height	Weight.		
Chronic Ailments/Allergy		Physical Disability, YES / NO	
Any other Health Problem			
	FAMILY DETAILS		
Name ( in block Letters) Academic Qualification Occupation	her/Guardian	Mother/Guardian	
Designation Name of the organization			

Details Office Address Phone No. (office) Mobile No. Email Id. Annual Income Aadhar Number	Father/Guard	FAMILY DETAILS	Mother/Guar	dian
Name Relation with ward Phone No. / Mobile No.	CONTACT INCASE OF EMERGENCY (OTHER THAN PARENTS)			
	SCHOOLS ATTEND	ED BY THE CHILD (BEGI	N WITH PRESENT SCHOOL)	
Name & Address of the School	Class	Board	Grades/Percentage	No. Of Years Attended
Any outstanding achievements co-curricular activities.  Transfer case YES / NO  If Yes, record from the last school  1. Transfer Certificate 2. Progress Re	port / Registration No	Of the child	ies	
Name	Age	SIBLING'S INFORMA	Is sibling in Orleans ?	
	782	Class	YES / NO YES / NO	
Declaration  1. I hereby certify that the information given is will justify the denial/cancellation of admission  2. I do hereby consent to abide by the school's  3. My son/daughter will follow the high standard	of my ward. rules and regulations.			or omissions of facts or informat
Signature of 5-th add to the				
Signature of Father/Guardian			nature of Mother/Guardian	
Two colored passport size photograph of war     Copy of DOB.     Proof of Residence     Identity of Parents     Income Proof	rd, mother & father	(FOR EARLY YEAR		
Birth certificate of child     Mother) 6. Fitness certificate of the child 7.0	ld proof of Father & M Original Mark sheet of	Nother 3. Residence p	roof 4. Copy of PAN Card 5. Copy of Aa ransfer certificate counter signed by Depar	dhaar Card (Child, Father & tment of Education
		FOR OFFICE USE O	NLY	
Registration noDa	te of Registration		Reg. Fee Rec. No	
Applied onDa	ate of Admission		Admission No	Marie Control
Applied For				

SIGNATURE OF HEAD OF SCHOOL/COMPETENT AUTHORITY