



STEWART SCHOOL

Sl. No :

MISSION ROAD, CUTTACK 753001, ODISHA
(A Christian unaided Minority Institution)

For Office only

(An Institution under the Management of the Diocese of Cuttack, CNI)

(APPLICATION FORM FOR REGISTRATION FOR ADMISSION SESSION 2017 - 2018)

A - Issue of Registration form Does not Ensure Admission

B - Admission Fee paid will be non Refundable and Non - Transferable

- General Instruction:**
1. Fill the form in **CAPITAL LETTERS** only.
 2. Do not enter registration number yourself.
 3. The form must be duly filled and signed by the parents only.
- Note : Incomplete form will not be accepted.**

Registration No: _____

Receipt No.: _____

(Office use)

(Office use)

Principal's Signature: _____

Date: _____

Paste
Recent passport
size photograph
of father.

Paste
Recent passport
size photograph
of mother.

Paste
Recent passport
size photograph
of the child.

Name of the student (Applicant): _____ Male / Female (Tick)

Date of Birth : Date Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth: _____

(in words) : _____

Aadhaar Number :

Class to which Admission is sought _____ . Age as on 31.03.2017 : _____

Nationality: _____

Mother tongue: _____

Religion: _____

Blood Group : _____

Name of the school last attended: _____

Residential Address (**PLEASE GIVE COMPLETE POSTAL ADDRESS IN BLOCK LETTERS**):

_____ Pin _____

Landline No. : _____ / _____

Preferred Mobile Number for School SMS (Only one) : _____

School Specific Parameters

	Points	Marking Column (for office use)
a) Christian Minority	50	
b) Sibling : Yes / No Sibling's Name (Studying in Stewart School, Cuttack)		

If yes, give details (Only of biological / own brother/sister).

Class / Section: _____	10	<input type="checkbox"/>
c) School Alumni: Yes / No		
Name: _____		
i) Year of passing Std X (ICSE) : _____	10	<input type="checkbox"/>
OR		
ii) Alumni who has read in school for at least five consecutive years specify _____		
d) Transferable job : _____	10	<input type="checkbox"/>
(Central / State Government Employee only)		
e) Professionals: _____	10	<input type="checkbox"/>
f) Resident of Cuttack : _____	10	<input type="checkbox"/>

Father

Mother

_____	_____
Phone Number : _____	_____
Email id (in capital letters): _____	_____
(Kindly open an email id in case you do not have one)	
Aadhaar Number: _____	_____
Occupation : _____	_____
(If business give details)	
Designation : _____	_____
Organisation where working : _____	_____
Permanent Address :	

_____ Pin: _____	

DECLARATION

I / We hereby certify that the above information provided by me / us is correct and I / We understand that if the information is found to be incorrect or false, my ward shall automatically be debarred from the selection / admission process without any correspondence in this regard. I / We also understand that the application / registration / short listing does not guarantee admission to my ward. I / We accept the process of admission undertaken by the school and I / We will abide by the decision taken by the school authorities.

	Name	Signature
	Father: _____	_____
Date: _____	Mother: _____	_____



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Health Status

Name of the Child _____

Height _____

Weight _____

Blood Group _____

Vision (L) _____ (R) _____

Oral Hygiene _____

Specify if child's is allergic to any drug / food Yes No

If yes give details

- Medication (in case the child is suffering from any chronic disease)

- State whether the child has been immunized with these vaccine

OPV	DPT	MMR	DT	BCG	HEPATITIS-B
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

Any other health issue you would like to inform the school about

Emergency Contact Number _____

(Kindly inform the school if at any time the number changes)

I hereby certify that the above details submitted by me are true basing on medical records and doctor opinion.

Date: -

Name of the Father

Name of the Mother

SUBMIT A MEDICAL FITNESS CERTIFICATE FROM CDMO / REGISTERED MEDICAL PRACTITIONER)