



B. ABOUT THE PARENT : (For information only)	Father	Mother
1. Profession : (Business/Service/Professional)	_____	_____
2. Name of the Organisation / Enterprise	_____	_____
3. Designation :	_____	_____
4. Address :	_____	_____
5. Telephone Nos.	Office _____ Landline _____ Mobile _____	Office _____ Landline _____ Mobile _____

**ADDRESS DETAILS :**

**Complete Residential Address**

**Present Address :**

Land Mark : _____	Land Mark : _____
City : _____	City : _____
Dist. : _____	Dist. : _____
State : _____	State : _____

**Health Queries :**

(i) Any Allergy : \_\_\_\_\_

(ii) Medication : (If child is suffering from any chronic Disease) \_\_\_\_\_

(iii) State whether the child has been Immunised with these vaccines

OPV	DPT	MMR	DT
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**School Specific Parameters**

**Points**

**Marking Column**

a) Christian Minority (Resident of Orissa)	<input type="text" value="50"/>	<input type="checkbox"/>
b) Siblings (own brother / sister of (student studying in Stewart School)	<input type="text" value="10"/>	<input type="checkbox"/>
Name _____ Class _____ Section _____		
c) Children of Alumna (Ex-Student of Stewart School, Cuttack)		
Name _____		
Year of Passing _____	<input type="text" value="10"/>	<input type="checkbox"/>
d) Transferable job (Central / State Government Employee only)	<input type="text" value="10"/>	<input type="checkbox"/>
e) Professionals _____	<input type="text" value="10"/>	<input type="checkbox"/>
f) Resident of Cuttack	<input type="text" value="10"/>	<input type="checkbox"/>

**Rules & Regulations**  
**General Instruction**

1. Marking column is to be filled up by the school only.
2. Incomplete form will not be accepted.
3. The school reserves the right to reject any form which has incomplete or false information and documents.
4. For Nursery Class the age of the child as on 31.03.2016 must be between three and a half to four and a half years.

**LIST OF DOCUMENTS TO BE SUBMITTED AT THE TIME OF REGISTRATION**  
**AS APPLICABLE**

1. Birth Certificate from the Municipal Corporation (attested photocopy).
2. Proof of residence : Elector's ID Card / Passport / Telephone Bill / Electricity bill / Residential Certificate from Tahasildar. (attested photocopy)
3. An attested photocopy of parents Baptism Certificate. (Incase of Christian Candidates only). All Christian candidates must bring a letter from their respective Church / Pastor / Parish / Priest, testifying to their membership, duly countersigned by any of the office bearer of English Baptist Church, Cuttack and Bishop. Diocese of Cuttack, CNI.
4. For alumna category (Ex-Stewartonians) - Certificate of Class X (ICSE) of Parent (Attested photocopy).

**Note : An ex-student who have studied at least for 5 years in the school or have passed out ICSE from the Stewart School Cuttack will be given weight age in the Alumna category.**

5. For Sibling Category - Last Report Card of Sibling (Attested photocopy).
6. Proof of Transfer. (Photocopy of Transfer Order) (Original for checking)
7. Photocopy of Transfer Certificate to be submitted of the Previous School. (Original to be submitted at the time of admission)
8. Medical Fitness Certificate of the Child from a Registered Doctor.

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**TO BE FILLED BY THE SCHOOL**

Registration form No. \_\_\_\_\_ has been received at Stewart School, Mission Road, Cuttack  
on \_\_\_\_\_

Receiver's Full Signature  
Date with School, Stamp.

## Certificate from Parents

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.

Signature of Father

Signature of Mother

Name of the Father

Name of the Mother

Date \_\_\_\_\_

Date \_\_\_\_\_