



# Stewart School, Cuttack

Sl. No :   
For Office only

MISSION ROAD, CUTTACK-753 001, ODISHA

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

## (APPLICATION FORM FOR REGISTRATION FOR ADMISSION SESSION 2024-25 )

**A - Issue of Registration form Does not Ensure Admission**

**B - Admission Fee paid will be non Refundable**

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

Registration No : \_\_\_\_\_  
(Office use)

Receipt No : \_\_\_\_\_  
(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  
       

Date of birth : \_\_\_\_\_  
(in words) : \_\_\_\_\_

Aadhaar Number :                    
(Note : Not Mandatory)

Class to which Admission is sought \_\_\_\_\_ Age as on 31.03.2024 \_\_\_\_\_

Nationality : \_\_\_\_\_

**Nursery Age (3 to 4) year**

Social Category  
Gen  SC  ST  OBC

**(4 to 5) Year Jr KG (5 TO 6) Year Sr KG**

Religion : \_\_\_\_\_

Mother tongue : \_\_\_\_\_

Blood Group : \_\_\_\_\_

Name of the school last attended : \_\_\_\_\_

Present Residential Address (Please Give Complete Correspondence Address in Block Letter):

\_\_\_\_\_ (Ward No.) \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Land line No : \_\_\_\_\_ / \_\_\_\_\_

Mobile Number for sending official message (SMS) from School : \_\_\_\_\_

WhatsApp No.for sending official communication from School : \_\_\_\_\_

E-mail ID for sending official communication from School : \_\_\_\_\_

**School Specific Parameters**

	<b>Points</b>	<b>Marking Column (for office use)</b>
a) Christian Minority	50	_____
b) Sibling : Yes / No <input type="checkbox"/> if yes siblings Name _____ (only of biological / own brother sister) _____ Studying in Stewart School, Cuttack		
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 and appeared class - X Exam.		
(iii) Year in which appeared Class - X Exam. in ICSE.		
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"/>

<b>Father</b>	<b>Mother</b>
Phone Number : _____	Phone Number : _____
Email Id (In capital letters) : _____	Email Id (In capital letters) : _____
WhatsApp No. : _____	WhatsApp No. : _____
(Kindly open an email ID in case you do not have one)	(Kindly open an email ID in case you do not have one)
Aadhaar Number : _____	Aadhaar Number : _____
Occupation / Business : _____	Occupation / Business : _____
Designation : _____	Designation : _____
Organisation where working : _____	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. I / We also understand that the application / registration / short listing does not guarantee admission to my ward. I / We will accept the process of admission undertaken by the School and I / We will abide by the decision taken by the school authorities.

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

## UNDERTAKING NO. - 1

Date \_\_\_\_\_

I know that the Stewart School, Cuttack is a Christian Minority Educational Institution. The School begins with assembly, where religious instructions are imparted in Christian manner. I voluntarily give my willingness on behalf of my ward to attend the above assembly.

I hereby undertake that my ward will attend the school assembly in time.

Name of Father : \_\_\_\_\_ Name of Mother : \_\_\_\_\_

Signature of Father : \_\_\_\_\_ Signature of Mother : \_\_\_\_\_

## UNDERTAKING NO. - 2 (For Christian Students only)

Date \_\_\_\_\_

Scripture will be taught to Christian Students in lieu of Moral Science/Value Based Education.

Name of Father : \_\_\_\_\_ Name of Mother : \_\_\_\_\_

Signature of Father : \_\_\_\_\_ Signature of Mother : \_\_\_\_\_

## UNDERTAKING NO. - 3

1. I ..... Promise to abide by the rules of the school as mentioned in the School Diary and also available in School Website.
2. I will regularly visit the School website for taking notes of School Notice.
3. I hereby give my consent that I will have no objection towards the decision of enhancement of school fee or any genuine hike that may occur from time to time as per the decision of Justice K.P. Mohapatra Fee Structure Committee.
4. I will respond to all notices through SMS / School Diary from time to time.
5. I will attend all parent-teachers' meeting as and when informed by the school physically or virtual Parents-Teacher Meeting.
6. I will ensure that my ward will not carry single used poly pack to school for carrying tiffin/snacks/ other articles.
7. I will ensure that my ward will attend On-line classes in the event classes are suspended due to any natural calamity or epidemic, I will ensure that my ward will write on-line examination in case classes are suspended.
8. In case of any child right violation happens to my child, I shall immediately report to ACPO (Assistant Child Protection Officer) of the School in written.  
E-mail ID : \_\_\_\_\_ , Phone No.: \_\_\_\_\_
9. To ventilate any other grievance, I will meet the Principal of Stewart School, Cuttack on Wednesday between 5 – 7 P.M. (This is without prior appointment)

Name of Student : \_\_\_\_\_

Date \_\_\_\_\_

Parents Signature



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## Health Status

(Parents are requested to fill in each column carefully)

Name of the Child : \_\_\_\_\_

Standard in which admission is sought \_\_\_\_\_

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

- Name of the drug to which child has reaction \_\_\_\_\_ (if any)
- Name of Doctor / Nursing Home / Hospital prefer the child to be referred in case of any medical emergency \_\_\_\_\_  
\_\_\_\_\_

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 :      Signature      Name of the Father

Date :      Signature      name of the Mother

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

## DOCUMENTS REQUIRED TO BE ENCLOSED WITH THE APPLICATION FORM

1. Passport size Photos of both the Parents and Ward to be affixed on the form at prescribed place.
2. Photocopy of the Birth Certificate of the ward duly self-attested by the Parents.
3. In case of Christian candidate, Baptism Certificate of both the parents have to be submitted along with recommendation of Church's Secretary / Pastor / Priest in the prescribed format (shall be given at the time of admission).
4. Photocopy of the proof of employment / Profession / Business / Shop (Self attested)
5. In case either of the Parents is an Alumni, photocopy of the ICSE Pass Certificate duly attested. (As per C of School specific Parameter in Page-2 of form)
6. In case the sibling of the applicant, is studying in Stewart School, Cuttack, the photocopy of the previous year's report card duly self-attested by the parents.
7. Photocopy of Aadhar Card of both the parents duly self attested.
8. Proof of local Residential Address (Self attested)  
(Electric Bill / Telephone Bill / Voter ID Card / Driving License)
9. Medical fitness certificate of the child from a registered pediatrician