

REGISTRATION FORM

ONENESS INTERNATIONAL SCHOOL

Address for communication

Campus : Barabhojia, Nalipada Arjunpur, Khurda
 Cell : +91-9437026083, 9437026097, 9437026098, 8895016677



For Office use only.

Application No. :	Registration No. :	Admission No. :	Form Received on :	Form Received by :
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Please Fill in **Block** Letters

Application Form for admission to grade :

Boarding (Please put a (✓) mark.) : Day Weekly Residential

Recent Colour
 Pasport Size
 Photograph of
 Students.

1. Name of the Pupil
 (In Capital letters)

First Name	<input style="width: 100%;" type="text"/>
Middle Name	<input style="width: 100%;" type="text"/>
Last Name	<input style="width: 100%;" type="text"/>

2. Sex 3. Nationality

(Write M/F in the box)

4. Date of birth 5. Age as on 1st June
DD MM YY YY MM

6. Place of Birth

7. Religion

8. Mother tongue

9. Language Spoken at Home

10. Passport No. if any

Place of issue

Date of issue
DD MM YY

11. Address for Correspondence

 Pin

12. Permanent Address

 Pin

Tel.No.(s)/ e-mail if any

STUDENT'S INFORMATION

1. Previous Study :
 - a) Class last Studied : _____
 - b) Name & address of the School : _____
 - c) Whether qualified for promotion : _____
 - d) Whether a T. C / Record Sheet is enclosed, if so, Its number & Date : _____
 - e) Medium of study (if applicable) : _____
 - f) Language Studied As II Language (if applicable) : _____
 - As III Language (if applicable) : _____

2. A) Languages offered as II Language : Hindi, Odia and French,
 Languages offered as III Language : Hindi, Odia, French and Sanskrit.
 * Hindi is mandatory to be chosen either as II Language or III Language.
 B) Languages Proposed : to be taken under : II nd Language : _____ III rd Language : _____
 (English is the first Language)

3. Does the candidate Belong to S.T / S.C / B.C Category : _____

4. Visible personal marks of Identification : 1. _____
 2. _____

5. Does the Child have any Health related Problem (Medical History and Fitness Certificate should be submitted) : _____

6. Blood Group (report must be submitted) : _____

7. Name of the family Doctor & his telephone No. : _____

8. Is the student physically Challenged : _____

9. Any Learning disability (If so, please give details) : _____

10. Details of siblings : _____

Name of the Student	Date of Birth	School and Class in which he / she is studying	OISAdmission No. (If applicable)

11. In case of staff child, name of the parent working with OIS, Khurda :
12. Whether want to avail school transport : Yes No
- a) Distance of school from child's home (in kms.)
- b) Whether want to avail creche facility : Yes No
13. Payment details (demand draft/cross cheque/cash) DD/Cheque No. _____ Made on date _____
- Bank Name _____ Branch _____ Amount _____

14. Please submit the following along with the form :

- a) Two recent passport size and two stamp size photographs.
- b) An attested photocopy of birth certificate of the child.
- c) An attested photocopy of mark sheet of test exam attended in the previous school.
- d) Transfer Certificate in original of previous school.
- e) Attested photocopy of SC/ST/BC certificate (if any)
- f) Identity proof of parents/guardian
- g) Students health card (if any)
- h) In case if NRI'S / Foreigners a passport copy of the child and both the parents.

15. Declaration by parents :

- a) The registration made herein does in no way entitle my ward to be admitted to the school.
- b) It will be my responsibility to drop/collect the child from the respective bus stop.
- c) I/We have made careful note of various details regarding the payment of school fees. I/We have made satisfactory arrangements for remittance of school fees by the 10th of every month. I understand that an upward revision of 10-15% per annum is permissible in the school dues.
- d) I understand that rendering false or misleading information or incorrect information may disqualify the child.
- e) Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my ward educated in OIS, Khurda. I hereby agree to abide by them and any changes thereafter in all respects. I understand that the decision of the Principal shall be final and binding.

Date :

Signature (Father)

Signature (Mother)

16. Instruction to Parents :

The registration form should reach by the last date and time as notified. Filling up the entire form is mandatory. Incomplete form may not be considered at all.

For office use only :

Registered on.....with Registration No.

Admission Granted /Not Granted/Wait listed

Class.....Section.....Registration Date.....Date of Joining.....

Special Health Needs requirement: Y N Special Education Needs requirement : Y N

Principal

Admitted on with Admission No.
dues paid vide Receipt No.....and.....on.....

Admitted in class _____.

DD ____/MM ____/YY ____

Counsellor