


**RUBY GLOBAL
SCHOOL**

CHILD'S PHOTOGRAPH

MOTHER'S PHOTOGRAPH

FATHER'S PHOTOGRAPH

PERSONAL DETAILS OF CHILD

1. FULL NAME _____
 LAST FIRST MIDDLE
2. CLASS APPLIED FOR _____
3. GENDER MALE FEMALE
4. NATIONALITY _____
5. DATE OF BIRTH (DD / MM / YYYY) _____
6. PLACE OF BIRTH _____
7. CASTE (SC/ST/GENERAL) _____
8. RELIGION _____
9. ADDRESS _____
 _____ LOCALITY _____
 NEW DELHI PINCODE 1100 _____
10. TELEPHONE (R) _____

PARENTS' INFORMATION
11. FATHER'S DETAILS

- a) NAME _____
- b) EDUCATIONAL QUALIFICATION _____
- c) OCCUPATION _____
- d) DESIGNATION _____
- e) COMPANY NAME _____
- f) EMAIL ID _____
- g) OFFICE ADDRESS _____
- h) TEL(O) _____
- i) MOBILE _____
- j) INCOME RS _____ P.A. _____

12. MOTHER'S DETAILS

- a) NAME _____
- b) EDUCATIONAL QUALIFICATION _____
- c) OCCUPATION _____
- d) DESIGNATION _____
- e) COMPANY NAME _____
- f) EMAIL ID _____
- g) OFFICE ADDRESS _____
- h) TEL(O) _____
- i) MOBILE _____
- j) INCOME RS _____ P.A. _____

SIBLING INFORMATION

13.	NAME	AGE	RELATION	SCHOOL NAME	CLASS

ACADEMIC DETAILS

14.	SCHOOL	PLACE	BOARD	CLASS(ES) ATTENDED	REASON FOR CHANGE

HEALTH INFORMATION

15. DOES YOUR CHILD HAVE ANY PHYSICAL / EMOTIONAL / MEDICAL CONDITION WHICH MIGHT REQUIRE SPECIAL ATTENTION? IF YES, PLEASE SPECIFY _____

_____ 16. BLOOD GROUP _____

17. ALLERGIES TO FOOD OR MEDICINE (IF ANY) _____

18. HISTORY OF MAJOR ILLNESS (IF ANY) _____

TRANSPORT

19. WHETHER SCHOOL BUS FACILITY REQUIRED? YES NO

IF NO, ARE YOU IN A POSITION TO PROVIDE SAFE TRANSPORTATION TO THE STUDENT TO AND FROM THE SCHOOL? PLEASE SPECIFY _____

20. PAYMENT DETAILS IN FAVOUR OF "RUBY GLOBAL SCHOOL"

THROUGH CHEQUE CASH DEMAND DRAFT

CHEQUE NO. / DD NO. _____ BANK / BRANCH NAME _____

PLEASE ENCLOSE SELF-ATTESTED PHOTOCOPIES OF THE FOLLOWING WITH THE FORM:

- A. BIRTH CERTIFICATE.
- B. RESIDENTIAL PROOF.
- C. MEDICAL FITNESS CERTIFICATE.
- D. PREVIOUS 2 YEARS' REPORT CARDS.

DECLARATION

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF ANY PART OF IT IS FOUND TO BE FALSE, THE ADMISSION OF MY WARD MAY BE CANCELLED AT ANY STAGE. I AM IN A POSITION TO PAY THE PRESCRIBED FEES AND CHARGES. I HEREBY CERTIFY THAT MY WARD AND MYSELF SHALL FOLLOW ALL THE RULES, REGULATIONS AND PROCEDURES AS LAID DOWN BY THE SCHOOL FROM TIME TO TIME.

DATE(DD/MM/YYYY):

PLACE:

SIGNATURE OF FATHER MOTHER

NAME _____