Saraswati Educational Society
(REGD. NO. 6669/92)
SES GURUKUL SCHOOL
Year: _____

Application Form for New Students

[Please fill the form in CAPITAL LETTERS]

PASSPORT SIZE PHOTO

SECTION I

Personal Information:

Full Name of the Student **[as per the Aadhar Card]**	
Date of Birth [Date/Month/Year]	
Date of Birth [in words]	
Place of Birth	
Gender	Male / Female / Any other
Nationality	
Religion	
Caste and Category	
Identification Mark	
Age as on 30th September [the year admission sought in]	
Number of Siblings	Male: _____ Female: _____

Parents' / Guardian's Information:

Details	**Mother / Guardian**	**Father / Guardian**
Name		
Educational Qualification		
Residential address in Pune with the Pin code		
Email ID		
Phone / Mobile Number		
Office / Permanent / Communication address with the Pin code		

Academic Information:

Name and Place of the previous school attended	
Permanent Enrolment Number [PEN]	
APAAR ID	
Aadhar Number [attach proof]	
Last school affiliated to	CBSE / ICSE / IB / State Board / Any other [Please specify] Attach the latest Report card copy
Reason for change of school	
Last Class attended	
Seeking admission in Class	
Language /s studied	2nd language: _____ from Class _____ to Class _____ 3rd language: _____ from Class _____ to Class _____

Sibling's Information [if any]:

	Sister	**Brother**
Name		
Age		
School studying in and Class		

Declaration

I hereby declare that the above information including the Name of the Student,
Name of Parents / Guardian, Date of birth and all other details furnished by me is correct to the best of my knowledge and belief and will not demand any change in it at a later date.
I have read the School Prospectus and all the content given on the School Website.

Signature of the Parent (s) / Guardian (s): _____ Date: _____

Relation with the Student: _____ Place: _____

SECTION II

- How did you come to know about SES Gurukul? If you know anyone associated with Gurukul, please mention their name.

  _____

  _____

- Are you aware of your child's choice of T.V. programmes? Yes _____ No _____
- Do you discuss T.V. programmes with your child? Yes _____ No _____
- You belong to: a Joint family _____ a Nuclear family _____
- Number of family members living along with you: _____
- If you are a Nuclear family and both parents work from office, with whom does your child stay while you are away at work?

  _____

- Student's Maternal grandparents reside at _____
- Student's Paternal grandparents reside at _____
- Mother tongue: _____
- Language /s spoken frequently at home: _____
- Are you both working from home? Yes _____ No _____

	Mother	Father
Profession		
Place of Work		
Office Timing		

SECTION III
(For Office use only)

Documents Received:

Type of Admission (Tick the correct option)	Regular _____ Sibling _____ RTE _____
Birth Certificate	Original _____ Photocopy _____
Previous year's Report Card	Original _____ Photocopy _____
Previous School's Leaving Certificate	
Medical Report	
Aadhar Card copy	
Caste Certificate (if applicable)	
Any other	

Counselling Conducted by: _____

Comments:

_____

_____

Counsellor's Signature: _____ Date: _____

ADMISSION GRANTED / NOT GRANTED / WAIT LISTED / PROVISIONAL ADMISSION

Principal's Signature: _____ Date: _____

Date of Admission (Date/Month/Year): _____

	Receipt Number	Date	Amount	Signature
Admission Confirmation Fees				
Regular Fees				
Caution Fees				
School Fees				
Attended school for two working days for Observation	Yes _____		No _____	

Saraswati Educational Society

(REGD. NO. 6669/92)

SES GURUKUL SCHOOL

Year: _____

STUDENT MEDICAL REPORT

PASSPORT SIZE PHOTO

Address:
S. No.136, 137 (210), Off University Road, Near Vijay Co-operative Housing Society, Ashoknagar,
Pune – 411016. Maharashtra, INDIA Tel.: 25561421

Full Name of the Student **[as per Aadhar Card]**:		
Blood Group:		
Immunisation Status: [Please write Yes or No]		
Primary Polio	Booster Polio	B.C.G.
Measles	MMR	Hepatitis B
Any other [Please specify]:		
Previous Major Illness: [Please write Yes or No]		
Asthma:	Urological issues:	
Major injuries / Fracture:	Operations undergone:	
Ear Discharge:	Allergies if any [Please specify]:	
Whether Hospitalised: Yes: _____ No: _____ If Yes, please state the reasons for the same.		
Any other [Please specify]:		
Is the child on any long term medication? Yes: _____ No: _____ If Yes, please state the details of the same.		
Family history of illness:		

Student's Medical Examination Report:

Height [cm]:	Weight [kg]:	BMI [kg/m^2]:
Pulse rate[beats per minute]:	Blood Pressure[mmHg]:	Hearing Impairment:
Auditory: Left Ear Right Ear	Vision: Left Eye Right Eye	Low Vision:
Throat:	Nose:	Thalassemia:
Skin:	Genitals:	Bones and Joints:
Lymph nodes:	Clubbing:	P/A:
Oedema:	Purpura:	Jup:
CVS:	R/S:	HJR:
Teeth: Occlusion Caries Left: Right: Normal Left: Right: Prosthesis:		
CNS: Speech and Language: Autism Spectrum Disorder: Specific Learning Disabilities: Epilepsy:		
Dietary advice:		
Referral		

Doctor's full name: _____

Date and Signature: _____

Registration number and Official stamp: _____