



TARA CONVENT SCHOOL

(UNDER ALLIANCE EDUCATION WELFARE SOCIETY)

KOTHI WALA RAH, TALWANDI SABO, DISTT. BATHINDA (PUNJAB)

✉ tcstalwandisabo@gmail.com ☎ 01655-220621

Admission No.

ADMISSION FORM

Space
for
Father's
photograph

Space
for
Student's
photograph

Space
for
Mother's
photograph

Space
for
Guardian's
photograph
(if any)

- Registration for admission in Class.....
- Name of the Student (in capital letters).....
ਵਿਦਿਆਰਥੀ ਦਾ ਨਾਮ.....
- Student's Aadhar No.
- Date of Birth (in figures) DD MM YYYY
- Nationality.....6. Religion.....
- Caste (SC/ST/OBC/GEN.).....
- Father's Name.....Aadhar No.
ਪਿਤਾ ਦਾ ਨਾਮ.....
- Mother's Name.....Aadhar No.
ਮਾਤਾ ਦਾ ਨਾਮ.....
- Grand Father's Name.....
- Father's Qualification.....
Occupation.....Phone E-mail.....
- Mother's Qualification.....
Occupation.....Phone E-mail.....
- Permanent Address.....
.....
.....PIN Code
- Correspondence Address.....
.....
.....PIN Code

SMS SERVICE DETAILS

Contact Person Name.....Contact E-mail.....

Contact Person Mobile No.

Note: Mobile Number, on which you wish to receive your child's update through SMS

The undersigned, agree and give my consent to receive SMS from my ward's school regarding his/her performance/attendance

Record from previous school attended

NAME OF SCHOOL	DATE	CLASSES ATTENDED	NOW PASSED/PROMOTED TO/ FAILED IN CLASS/STUDYING IN
	From _____ to _____		

IN CASE OF EMERGENCY

Contact Person..... Address

Relation.....

Phone.....

Sibling Yes / No 1) Sibling's Name.....Class/Sec.....Adm. No.....Gender M F

2) Sibling's Name.....Class/Sec.....Adm. No.....Gender M F

MEDICAL DETAILS

Blood Group Height (cm) Weight (kg.)

Suffering from any chronic disease (Y/N). If yes, please give details.....

Allergy / Medical Description (if any).....

Date :..... Father's Sign. Mother's Sign. Guardian's Sign.

FOR OFFICE USE ONLY

Total Fee : _____

Class : _____ Session _____

Admission Committee

1. _____ Signature _____

2. _____ Signature _____

Admission No. _____

**APPLICATION FOR
SCHOOL LEAVING CERTIFICATE**



Dear Principal,

Please furnish me with the school Leaving Certificate of my child. Particulars are given below :

Adm. No.....

Pupil's Name in Full.....

Present Class.....Section.....Roll No.....

Date of leaving the School

Reason of leaving the School.....

Name & Address of Parent in full.....

.....

.....

Date.....

Signature of Parent

Remarks : Fee dueLibrary books due.....

Progress.....Conduct.....

Promoted to Class.....Detained in Class.....

Principal

Signature

1. A calendar month's Notice is to be given before the withdrawal of a Pupil. Full fees will be charged if taken during the school term.
 2. If the name of an absent pupil has through want of notice, been entered in the attendance register current month's fee for that month will be charged even if absence continues.
 3. No leaving certificate will be given until all dues to the school have been paid in full.
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