

Pupil's Name :

Admission required for Class :  Date :

Phone (Resi.) :  Mob.:  Off.:

Form Fee Rs. : \_\_\_\_\_ Admission Form No.

**FBERDF's**  
**Flying Birds School**

G.R. No. :

**Pre-Primary-1** : Sr. No. 33, Om Sai Bunglow, P.K. Nagar, Near Shani Mandir, Ambegaon(B), Pune - 411 046

**Pre-Primary-2** : Lokmanyagar, Opp. Lokmanyagar Garden, Navi Peth, Pune - 411 030

**Primary** : Shanti Niwas, Opp. Avdhoot Complex, Ambegaon (B), Pune - 411 046

Phone No. 020-2436 4034 / 2437 2153

An ISO 9001:2015 Certified School



**Admission Form**

Academic Year 20 / 20

Admission Form No.:

Date : / /

Passport Size  
Photo

**Student's Details :** (Write in Black Letter)

First Name	Mother's Name	Father's Name	Surname
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Name : \_\_\_\_\_

Grade : \_\_\_\_\_ Batch : Morning  After Noon  Day

Gender : M  F  Birth Dt. : / / Birth Place : \_\_\_\_\_ Age :(as on 15th june)

Nationality : \_\_\_\_\_ Mother Tongue : \_\_\_\_\_ Religion : \_\_\_\_\_

Caste : \_\_\_\_\_ Sub Caste : \_\_\_\_\_ Category : \_\_\_\_\_

Aadhar No. : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Name of the previous school if applicable : \_\_\_\_\_

Insurance Details : ( Company Name, Policy Number )

Life Insurance : \_\_\_\_\_

Mediclaime : \_\_\_\_\_

Accidental Insurance : \_\_\_\_\_

**Parents/Guardians**

Father's Name \_\_\_\_\_

Aadhar No. \_\_\_\_\_ Age \_\_\_\_\_ Education : \_\_\_\_\_ Occupation : \_\_\_\_\_

Contact No. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Aadhar No. \_\_\_\_\_ Age \_\_\_\_\_ Education : \_\_\_\_\_ Occupation : \_\_\_\_\_

Contact No. \_\_\_\_\_

Permanent Resi. Address \_\_\_\_\_ Present Resi. Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardian's Name : \_\_\_\_\_

(As Applicable) Relation (with Students) : \_\_\_\_\_ Contact No.: \_\_\_\_\_

**In Case Of Emergency :** (Other than Parents)

Contact Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Relation with Students : \_\_\_\_\_ Contact No. : \_\_\_\_\_

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## Declaration

I / We, Mr. \_\_\_\_\_ / Mrs. \_\_\_\_\_ Parent/s of \_\_\_\_\_ (grade \_\_\_\_\_) hereby certify that the information given in this enrolment form is correct, If found false I am liable to legal action.

1. The school reserves the right to cancel the admission of any student in case of false or incorrect document or information provided at the time of admission.
2. We, on behalf of our ward, here by undertake to abide by all the notifications / instructions / circulars issued by the school from time to time.
3. We here by assure that we will not obstruct or disrupt the teaching, administration or disciplinary procedure of the school.
4. We shall not act which can be tamper the school's reputation and goodwill.
5. We further declare that we shall not make any request for the change / correction in the Date of Birth or other spellings of his / her name in the Birth Certificate / Leaving / Transfer Certificate.
6. We shall submit the proper and Government Authorized Caste Certificate if applicable.
7. We shall submit students medical fitness certificate by M.D. Doctor only whenever school required.
8. We are aware of that no admission will be regularized until Birth / Transfer / Leaving (original) certificate is produced.
9. We here by undertake that we will adhere to the policies and decisions taken by the school and will abide them.
10. We are well aware that Flying Birds School is self-finance school.
11. We are aware of fees details, penalty and cancellation policy of the school and here by undertake to adhere the same.
12. Submission of the admission form is not the sufficient document to secure the student's admission in the school.
13. To confirm and secure the admission deposition of the fees is mandatory as per the norms.
14. We agree that due to non-payment of school fees in time, my child may deprive of school activities including the examination.
15. We know that fees once paid shall not be refunded.
16. We have read all the terms, conditions, rules, and regulations of the school and agreed for the same.

Father's signature \_\_\_\_\_

Mother's signature \_\_\_\_\_

Guardian's signature (If applicable.) \_\_\_\_\_

### For Office use only :

#### List of the Documents enclosed:

#### For Administration Department only

Leaving certificate  Original Birth Certificate

Passport size 3 photos of Students  Mother  Father

Mark sheet :

Adhar card : Student  Mother  Father

Address proof :

Medical fitness certificate (By M.D.)

Admission granted for grade \_\_\_\_\_ Date of form submission \_\_\_\_\_

Fees paid : \_\_\_\_\_ Balance Payment : \_\_\_\_\_

#### For Account Department Only

Registration Fees Paid : Rs. \_\_\_\_\_ On / / Receipt No. \_\_\_\_\_

Tution Fees Paid : Rs. \_\_\_\_\_ On / / Receipt No. \_\_\_\_\_

Balance Amount Rs. \_\_\_\_\_

\_\_\_\_\_ Admin

\_\_\_\_\_ Accounts

\_\_\_\_\_ Principal