

REGISTRATION FORM

pdf form

ADMISSION SOUGHT TO CLASS _____

Recent
Passport
Size Photo

Gender ☐ Boy ☐ Girl

Neighborhood ☐ 1km ☐ 2km ☐ 5km ☐ 7km ☐ 8km ☐ 10km

EWS ☐ Yes ☐ No

Special Needs ☐ Yes ☐ No

Sibling ☐ Yes ☐ No

Alumni ☐ Yes ☐ No

Minority ☐ Yes ☐ No

Staff ward ☐ Yes ☐ No

Name (in full) Master/Miss: _____

Date of birth: _____ (in words) _____

Religion _____ Nationality _____

Residence add: _____

Mobile No. (Father): _____ (Mother) _____

Landline (res): _____

Email id (Father): _____ (Mother) _____

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Designation: _____	Designation: _____
Name of the organization: _____	Name of the organization: _____
Work address: _____	Work address: _____
Work Tel. No.: _____	Work Tel. No.: _____

Immediate sibling:

1. Name _____ Age _____ Class _____ School _____

2. Name _____ Age _____ Class _____ School _____



SANTA MARIA INTEGRATED LEARNING ENVIRONMENT (SMILE)

4, Green Avenue Lane, Vasant Kunj, New Delhi-110070. Tel. Nos: 26896144, 9870339731

PARENT UNDERTAKING

1. We understand that Santa Maria is an **inclusive school** and we will fully co-operate with and support this philosophy.
2. We understand that the school lays emphasis on the all-round growth of the child, giving due emphasis to the different stages of development, and employs a judicious blend of different activities to help the child build self-awareness and confidence through a stress free development of language, cognitive, physical and emotional skills and increased sensitivity and understanding of their world. We will cooperate in every way to ensure full participation of our child in all activities. Co-curricular, cultural, art and physical activities both indoor and outdoor including excursions to places of interest that are carried out throughout the year.
3. **We have noted that children are admitted only from those areas where school transport is available and that no child is permitted to commute by vans or a private vehicle.**
4. We understand that a month's notice is required in writing for any financial closure.
5. We certify that, to the best of our knowledge all information furnished by us is correct. We will abide by the school rules and procedures in all respects. We understand that any information withheld or filled incorrectly in the registration form will result in cancellation of the admission.
6. We understand that the decision of the Principal and Management shall be final and binding on us in all matters related with the school.

.....
Father's Signature

.....
Mother's Signature

Documents to be submitted at the time of registration:

1. Copy of Birth Certificate. ☐
2. Copy of residence proof (Aadhaar card, Passport, MTNL bill, Electricity bill). ☐
3. Income certificate issued by the SDM's office/ Food Security Card issued by the Department of Food and Civil Supplies and Consumer Affairs, GNCT of Delhi (Applicable only for EWS category). ☐
4. Minority Certificate (wherever required). ☐
5. Proof of alumni status (School Leaving Certificate). ☐
6. Copy of the assessment reports from a registered medical psychologist (Applicable only for Special Needs category). ☐
7. Copy of the report card from the previous school. ☐
8. Original TC (at the time of admission). ☐

OFFICE USE ONLY

Admission granted toClass.....Session.....

Signature of the Principal.....



SANTA MARIA INTEGRATED LEARNING ENVIRONMENT (SMILE)

STUDENT PROFILE

To enable us to better understand your child's unique strengths and challenges, we request you to fill in the following information as completely as possible.

Name: _____ Date of birth: _____ Gender: _____

1. Activities your child enjoys: _____

Favourite toys/Food: _____

2. Activities/Objects your child does not like: _____

3. Language your child is most comfortable in: _____

4. Does your child require any special care in any area? (E.g. Diet, Physical, Emotional, Development History etc.) _____

5. Any medications being take _____ 6. Any allergies _____

The following to be filled by those applying under Special Needs Category

Diagnosis if any _____ Diagnosis reports submitted ☐

a. Assessment done ☐ Assessment reports submitted ☐

b. Therapies or Special Intervention received _____

Reports Submitted ☐

c. Any co-existing medical concerns _____



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Note:

1. Filled forms will be accepted from 15-12-2018 to 07-01-2019 from 8:00 am to 11:00 am.

2. Registration fee of Rs 25/- will need to be given at the time of submitting the online form.