



Form No.	Affix a recent Passport Size Coloured Photograph
Registration No.	Photograph
Branch	
This form is valid till	Combined Orientation form for Available Seats in
Class	All Sunbeam Schools and Hostels
(Write in CAPITAL letters)	
NFORMATION OF THE CHILD	
st Name Middle Name First Name	
ate of Birth Place of Birth	State
DD MM YY Nationality Religion	SC/ST
ermanent Address Residential Ad	ddress (Local)
Tel (with STD code) Off: Res: Mob	2:
Fax E-mail	15
L-1100	
thool in which child is presently studying Class in which	child is presently studying
the school affiliated to CBSE	
edium of instruction of previous school	

## **FAMILY INFORMATION**

father/ Guardian			
Name		Age	
Educational Qualification		(1-1)	
Organisation Working For			
Designation	Nationality	Annual Income	
Office Address			
Phone (s)	Mobile	e-mail	
Mother/ Guardian			
Name		Age	
Turre.			
Educational Qualification			
Educational Qualification			
O			
Organisation Working For		<del></del>	
D. 11 1	Nationalise	Annual Income	
Designation	Nationality	Annual income	
Office Address			
Phone (s)	Mobile	e-mail	
riiolie (s)	Thouse	Grindii	
211	Association	an en de lang at Suphante	
Number of children Son Daugi		Any children studying at Sunbeam Yes / No	
	inter	1657 140	
If 'YES' give details			
Child's Name	Father's Name	Class/Section Branch	



## Proof of Age

We solemnly declare that the date of birth of the child given is as per the birth certificate which can be produced for verification. A certified copy is also enclosed. I hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation of facts will justify the denial of admission, the cancellation of admission or expulsion. I have read and do hereby consent to the Terms and Conditions being enclosed with the application form for admission. I agree to pay the school fee as per the terms. I understand and agree that registration for admission is no guarantee to admission. I agree to submit the transfer certificate / birth certificate and marksheet of my child by the 2nd week of April or within 2 weeks of admission of my child.

Signatures:	Father/Guardian	Mother/Guardian	Date		
To be filled in by	the School Authorities				
Improvement Sug	gested in the areas of				
English		Hindi	Hindi		
Maths		General Stud	General Studies		
Reading					
0.00					
Communication S	kills in				
English	Hindi Maths	General Stud	lies		
Remarks			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
**********					
***************************************					
For Class XI					
	ENGLISH	SCIENCE		7	
	MATHS	COMMERCE		i	
	PTIONAL	-		_	
	OPTIONAL				
		ADMITTED TO 0	22A.F	7	
-	Recommended	ADMISSION NOT GRAF		=	
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Please submit with the form

- 1. Photocopy of Birth Certificate (Play group & KG section)
- 2. Photocopy of last Report card
- 3. Transfer Certificate (Original)
- 15% Seats are reserved for meritorious SC/ST students as per UP Govt regulations

PRINCIPAL / DIRECTOR

## ASSUMPTION OF RISK

То,	Date :
The Managing Committee,	
SUNBEAM SCHOOL & HOSTEL, VARA	NASI (Write in Block Letters)
My Son / Daughter	has my permission to participate
in all Co-curricular activities (games, spo	ts, drama, excursions etc.) and other outdoor and indoor activities
	it him / her to use the transportation provided by the school, if
	e / school, responsible for any claims resulting from any accidents
	thin the school campus. The date of birth as mentioned in this form
	on/doughter is correct and I will not demand any change in the
future.	
In case of any accident or emergency du	ing a trip / excursion the school will not be held responsible, though
	nying the children will be vigilant and extremely alert to avoid any
such mishap during school tours, excursi	
	ne school as laid down in the summary of prospectus and agree to
	y all the decisions of the Principal. If my child is found indulging in
	al will have the right to punish or expel him / her from the institution
	fing on me. I understand that no third party will be allowed to
represent me or my child in any matter.	
	Parent's Signature
	Name & Address
Date	The state of the s
	Tel No. :
	Moh :

