

ACADEMIC SESSION 2025-26**Pre- School Admissions****INSTRUCTIONS**

- The **first list of selected students** and the **Waiting Lists** are being displayed.
- **Fee submission and document verification will be done w.e.f. Monday, 20/01/2025 to Monday, 27/01/2025 from 9:00 a.m. to 12:00 noon strictly according to this schedule.**

SCHEDULE FOR FEE DEPOSITION/ DOCUMENT VERIFICATION**SIBLINGS**

1	S. No. 1-15	20-Jan	9:00 a.m. - 12:00 noon
2	S. No. 16-30	21-Jan	9:00 a.m. - 12:00 noon
3	S. No. 31-43	22-Jan	9:00 a.m. - 12:00 noon

SELECTED STUDENTS (BOYS) IN DRAW OF LOTS

1	S.No. 1-23	23-Jan	9:00 a.m. - 12:00 noon
---	------------	--------	------------------------

SELECTED STUDENTS (GIRLS) IN DRAW OF LOTS

1	S.No. 1-24	24-Jan	9:00 a.m. - 12:00 noon
---	------------	--------	------------------------

STAFF WARDS

1	S. No. 1	27-Jan	9:00 a.m. - 12:00 noon
---	----------	--------	------------------------

- **Status of vacant seats and Second list with further instructions will be posted on the school website and notice board on Monday, 03/02/2025 by 5:00 p.m.**
- **Parents are requested to kindly adhere to the schedule for the admission process. In case of non-reporting parents (without any official information), the seat will be offered to the next eligible candidate.**
- **Typographical errors are liable to be corrected without any rights of contest.**

DOCUMENTS REQUIRED IN ORIGINAL

(FOR VERIFICATION)

- **Proof of Date of Birth (Any one)**

1. Birth certificate under the Births, Deaths and Marriages Certification Act 1986
2. Hospital/Auxiliary Nurse and midwife (ANM) register record.
3. Aanganwadi Record
4. Declaration of the age of the child by the parent or guardian.

- **Proof of Residence (Any one)**

1. Ration card issued in the name of parents (mother/father having name of the child)
2. Domicile certificate of child or his/her parents.
3. Voter I-card (EPIC) of any of the parents.
4. Electricity bill/MTNL Telephone bill/Water bill in the name of any of the parents.
5. Unique Identity Card (Aadhar Card) issued in the name of any of the parents.
6. Passport in the name of any of the parents of the child.

- **Proof of Sibling** – Copy of last paid fee receipt of the student studying in The Srijan School.
- Any other admissible document

Fee Structure

		Amount (In Rs.)
ADMISSION FEE	(One Time)	200/-
ANNUAL CHARGES	(Per Annum)	49335/-
TUITION FEE	(Quarterly)	46011/-
DEVELOPMENT FEE (15% of Tuition Fee)	(Quarterly)	6903/-
TOTAL		1,02,449/-

- Fee must be paid through pay order/ demand draft in the name of "The Srijan School" payable at Delhi.

WITHDRAWAL OF ADMISSION/REFUND

- If admission is withdrawn within one month of the date of admission & fee submission, one month's tuition fee and admission charges shall be retained and balance will be refunded.
- No refund will be applicable on cancellation of admission after one month from the date of admission.

Proformas

- A set of proformas & School Admission Form have been provided. Parents are requested to take a print of these (on A4 size paper) and submit them complete in all respects, at the time of depositing fee for admission.

1. School Admission Form PDF Attached
2. Student's Information Form Provided below
3. Student's Health Certificate Provided below



HEALTH CERTIFICATE - 2025-26

1. Name of the Child : _____
2. Class : _____
3. Date of Birth : _____
4. Father's Name : _____
5. Mother's Name : _____
6. Blood Group : _____ R.H. Factor _____
7. Immunization History :
 - a) BCG : Yes / No
 - b) DPT : Yes / No
 - c) Oral Polio : Yes / No
 - d) Measles/ MMR : Yes / No
 - e) Typhoid : Yes / No
 - f) Meningitis : Yes / No
 - g) Any Other : Yes / No
8. History of past illness:
 - a) Specific diseases suffered in the past.....
 - b) Operation undergone in the past, if any specify.....
 - c) Allergies, if any.....
 - d) Any other disease for which the child is on regular medication.....
 - e) Any Congenital Anomaly.....
 - f) Special needs, if any.....

Date _____

Name of the Parent _____ Signature of Parent _____

Emergency Phone No. _____

Medical Certificate of Fitness (From Registered Doctor)

This is to certify that I, Dr. _____ have examined
_____ aged _____ years, D/o / S/o
_____ on dated _____.

His/ Her visual acuity is normal/ corrected with glasses. There is no other illness, which would render the child unfit to attend school. He/ She is fit to attend school.

Signature of Doctor

Name: _____

Regn. No. : _____

Date: _____

Address: _____

Tel. No. _____

Student's Information Sheet-2025-26

(To be filled in BLOCK LETTERS)

Child's Photograph

Mother's Photograph

Father's Photograph

GENERAL DETAILS

Student's First Name _____ Last Name _____

Date of Birth _____

Joining Class _____

Gender: Male _____ Female _____ (Mark a Tick (√))

Place of Birth _____ Nationality _____

Mother Tongue _____ Religion _____

Aadhar Card No. _____

ADDRESS

Residential Address _____

City _____ Pin Code _____

Telephone No. (Landline) _____ Mobile No. _____

Contact Person (In case of emergency) _____ Contact No. _____

Student's Doctor's Name _____ Doctor's Tel. No. _____

PARENT'S PROFILE**Father's Profile:**

In case the father of the child is an employee of this Institution, please specify: Staff Code _____

Father's Name _____

Occupation _____ Qualification _____

School Attended _____ College Attended _____

Office Address _____

City _____ Pin Code _____

Telephone No. _____ Mobile No. _____

E-Mail _____

Mother's Profile:

In case the Mother of the child is an employee of this Institution, please specify: Staff Code _____

Mother's Name _____

Occupation _____ Qualification _____

School Attended _____ College Attended _____

Office Address _____

City _____ Pin Code _____

Telephone No. _____ Mobile No. _____

E-Mail _____

History – Previous history of the child in case he/ she was studying in some other School

Name of the School _____

Address of the School _____

Duration of study in the School _____

Brother/ Sister of the student studying in this Institution:

Student ID _____

Name _____

Class & Section _____

Transport Required: Yes _____ No _____ (Mark a Tick (√) to whichever is applicable)

If yes, Route No. _____

Pick up point _____

Date from which transport is required _____

Dated: _____

(SIGNATURE OF THE PARENTS)

MOTHER

FATHER

Regn.No.

APPLICATION FORM FOR NURSERY ADMISSION

Category: **General** **Sibling** **Staff Ward**

1.	Name of the Child (In block letters) _____ Gender _____ (Male/ Female)	Affix recent passport size photo of the child (DO NOT STAPLE)
2.	Date of Birth (In figures) _____ Place of Birth _____ Date of Birth (In words) _____	
3.	Age as on 31 st March 2025 _____ years _____ month _____ days	
4.	Mother Tongue _____ Nationality _____	
5.	Residential Address _____ _____ Phone No. _____	
6.	Permanent Address _____ _____	
7.	Mobile No. (Father) _____ Mobile No. (Mother) _____ E-mail ID(Father) _____ E-mail ID(Mother) _____	
8.	Name & Address of present school _____	
9.	Details of real brother & sister (Not cousins) Name _____ Class/Sec. _____ School _____ Name _____ Class/Sec. _____ School _____	
10.	Single Parent - Yes/ No _____	
11.	Does your child have any physical/ medical condition which might require special attention? If yes, please specify. _____ _____	

PARENTS' INFORMATION:

FATHER

MOTHER

Affix latest photograph here (Please do not staple)

Affix latest photograph here (Please do not staple)

12. Name (In block letters)	_____	_____
13. Age	_____	_____
14. Academic Qualifications	_____	_____
15. School Attended	_____	_____
16. College Attended	_____	_____
17. Occupation/Profession	_____	_____
18. Designation	_____	_____
19. Name of the company/ Institution/ workplace	_____	_____
20. Nature of Business/ work	_____	_____
21. Annual Income	_____	_____
22. Office Address	_____	_____
	_____	_____

UNDERTAKING

I hereby certify that the information given by me is true. I understand that if any of this information is found to be untrue, this application is liable to be rejected. I shall abide by the decision of the school in all matters. If my child is selected by the school, I promise to:

- a) Abide by the rules & regulations of the school
- b) Be a sincere partner in the onward education of my child
- c) Inculcate & foster the values acquired by my child at school

Signature of Parent/ Guardian _____

Name: _____

Date: _____

Please attach a self-attested photocopy of the following:

1. Birth certificate issued by a competent authority
2. **Proof of residence. Please attach any one of the following:**
 - a. Ration Card/ Smart Card issued in the name of parents (Mother/ Father having name of Child).
 - b. Domicile certificate of child or of his/ her parents.
 - c. Voter ID Card (EPIC) of any other parents
 - d. Electricity bill/ MTNL bill/ Water bill/ Passport in the name of any of the parents or child.
 - e. Adhaar Card/ UID card issued in the name of any of the parents.
3. Copy of Fee bill last paid of **sibling** studying in The Srijan School.

Note:

- Incomplete forms are liable to be rejected without intimation.
- Information/ documents sought in this application form are for school record & child history only.