



# TRINITY CONVENT SCHOOL

Affiliated to CBSE, DELHI Up to 10+2 Level (Affiliation No. 330979)

Pillar No. 207, Digha – Rupaspur Nahar Road, Danapur, Patna – 801503

## Admission Form

PHOTO

PHOTO OF THE CHILD WITH MOTHER AND FATHER

### For Office Use Only:

Form Number: .....

Date: ...../...../.....

Admission Number: .....

T C/SLC Number: .....

Admission Fee Receipt Number: .....

### STUDENT'S DETAILS:

Student's Name: ..... Class: ..... Sec: .....

Father's Name: ..... Mother's Name: .....

(Applicable from class 1 onwards)

PEN (Permanent Education Number): ..... APAAR ID: .....

### Contact No.:

FATHER'S (WhatsApp): ..... MOTHER'S (WhatsApp): .....

Emergency Contact No.: .....

DOB: ..... Category: ..... Caste: .....

Blood Group: ..... Aadhar No. (Student's): .....

### Illness (If any):

Previous Record: .....

Medicines Required: .....

Allergy: .....

Identification Mark: .....

**Corresponding Address:** .....  
.....

**Permanent Address:** .....  
.....

**Previous School Details:**

**Name:** .....

**Address:** .....

**Sibling Details (if he/she is in this school):**

**Name:** ..... **Class:** ..... **Sec:** .....

**Mode Of Conveyance:**

**Self:**       **Guardian:**       **Van:**

**Guardian's Details:**

**Father's Profession:** .....

**Post (specify):** .....

**Income (annually):** .....

**Aadhar Details:** .....

**Mother's Profession:** .....

**Post(specify):** .....

**Income (annually):** .....

**Aadhar Details:** .....

**ATTACHMENTS NEEDED:**

- 1) 4 photographs of the candidate                      2) 2 photographs of the parents
- 3) Transfer Certificate & Mark sheet of previous school.
- 4) Aadhar card (candidate's & parent's)              5) Category (gen,obc,sc/st)
- 6) D.O.B                      7) Blood group

.....  
**Student's Signature**

**Guardian's Signature**

**Authority Signature**

## **UNDERTAKING BY PARENTS/GUARDIANS**

I, [Parent/Guardian's Name: .....], residing at [Address: .....], hereby undertake that I am the lawful parent/guardian of [Student's Name:.....], admitted to Trinity Convent School.

### **ACKNOWLEDGMENT OF RESPONSIBILITY**

I acknowledge and accept full responsibility for my ward's/wards' actions, well-being, and safety during their tenure at Trinity Convent School.

### **RELEASE FROM LIABILITY**

I hereby release and hold harmless Trinity Convent School, its management, teachers, staff, and representatives from any liability, claims, or demands arising from:

- Any harm, injury, or illness suffered by my ward/wards
- Any loss or damage to property belonging to my ward/wards
- Any consequences arising from my ward's/wards' actions or omissions

### **ASSUMPTION OF RISK**

I acknowledge that my ward/wards participates in school activities at their own risk and I assume full responsibility for any risks or consequences associated with such participation.

### **INDEMNITY**

I agree to indemnify Trinity Convent School against any claims, damages, or expenses arising from my ward's/wards' actions or omissions.

I/We specifically agree to the following conditions:

1. To pay the monthly school fees on or before the 15th of every month. I/We understand that a fine of Rs. 50 will be levied if the payment is delayed.
2. Not to allow my/our child to wear any expensive ornaments or smartwatches to school.

### **GOVERNING LAW**

This undertaking shall be governed by and construed in accordance with the laws of [Country/State].

## **UNDERTAKING FOR SETTLEMENT OF OUTSTANDING DUES**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ (Student's Name), a student of Trinity Convent School, hereby undertake to settle all outstanding dues to the school before withdrawing my/our child from the school.

I/We understand that if we withdraw my/our child from the school in the middle of the session without settling all outstanding dues, the school reserves the right to send a legal notice to us, demanding payment of all outstanding amounts.

I/We agree to obtain a "No Dues" certificate from the school before withdrawing my/our child from the school. I/We understand that the school will not issue a Transfer Certificate or any other documents until all outstanding dues are settled.

I/We hereby declare that I/We have read and understood the terms and conditions of this undertaking and agree to abide by them.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**ACKNOWLEDGMENT**

I have read, understood, and executed this undertaking willingly and voluntarily.

I/We understand that the school reserves the right to take disciplinary action in case of non-compliance with the school rules and regulations.

I/We hereby declare that I/We have read and understood the rules and regulations of Trinity Convent School and agree to abide by them

**SIGNATURE**

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_

Contact Information:

**VERIFIED BY:**

Phone: \_\_\_\_\_

[School Stamp/Seal]

Date: \_\_\_\_\_

Signature of School Authority: \_\_\_\_\_

**SCHOOL TRANSPORT FORM**

**(FILL THE BELOW FORM, ONLY IF YOU WANT TO AVAIL)**

**Student's Details:**

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Admission Number: \_\_\_\_\_

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

**Parent/Guardian Details:**

- Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

- Email ID: \_\_\_\_\_

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

## **Transport Details:**

### **- Mode of Transport: (Tick one)**

School Van     Private Transport     Walking/Cycling

- Van Name & Number: \_\_\_\_\_

- Pick-up Point (if applicable): \_\_\_\_\_

- Drop-off Point (if applicable): \_\_\_\_\_

### **-Emergency Contact Details:**

- Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

- Relationship with Student: \_\_\_\_\_

### **- Medical Information:**

- Does your child have any medical condition that may affect their travel to or from school? Yes/ No

- If yes, please provide details: \_\_\_\_\_

### **Authorization:**

- I hereby authorize the school to transport my child to and from school using the mode of transport mentioned above.
- I understand that the school will take all necessary precautions to ensure my child's safety during transport.
- I agree to pay the transport fees as per the school's fee structure.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **UNDERTAKING FOR TRANSPORTATION SERVICES**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ (Student's Name), a student of Trinity Convent School, hereby undertake to abide by the rules and regulations related to the transportation service provided by the school.

I/We specifically agree to the following conditions:

1. To ensure that my/our child reaches the designated bus stop at least 5 minutes prior to the allotted pick-up time.
2. To ensure that my/our child behaves in a civil and respectful manner with other students and staff members during the journey.
3. To pay the transportation fee on or before the 15th of every month. I/We understand that failure to pay the fee on time will attract penalties.
4. Not to allow my/our child to carry any expensive or prohibited items that may harm the students, the vehicle, or its occupants.
5. To ensure that my/our child obeys the instructions of the drivers and the caretaker at all times.
6. Not to create any disturbance or disruption during the journey, and to ensure that my/our child behaves in a manner that does not compromise the safety and well-being of others.

I/We understand that failure to comply with these conditions may result in consequences, including but not limited to, withdrawal of transportation services.

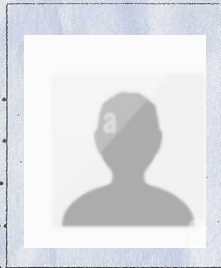
IT'S MANDATORY TO FILL ALL THE BELOW FORMS:

**IDENTITY CARD FORM**

(DO NOT FILL – SECTION, ROLL NO., HOUSE & ADM NO.)

**Mahi Enterprises** IDENTITY CARD FORM

NOTE.: Please Write in capital letter & do not overwrite. Please check your data properly Before Submitting this form. Any wrong entry will not be changed later. Residential Address should be short and very perfect.



Name: .....  
Father's Name: .....  
Mother's Name: .....  
Class: ..... Sec.: ..... Roll no.: ..... D.O.B.: ..... B.G. : .....  
Address: .....  
..... House: .....  
Contact no.-..... Adm. No.: ..... Conv. : .....



**TRINITY CONVENT SCHOOL, Danapur**

**GUARDIAN PASS**

Guardian's Name: .....  
Relation with the student: .....  
Contact No. (WhatsApp/ Alternate): .....  
Student's Name: .....

Contact no. 9341512760

School's Stamp



**TRINITY CONVENT SCHOOL, Danapur**

**GUARDIAN PASS**

Guardian's Name: .....  
Relation with the student: .....  
Contact No. (WhatsApp/ Alternate): .....  
Student's Name: .....

Contact no. 9341512760

School's Stamp



**TRINITY CONVENT SCHOOL, Danapur**

**GUARDIAN PASS**

Guardian's Name: .....  
Relation with the student: .....  
Contact No. (WhatsApp/ Alternate): .....  
Student's Name: .....

Contact no. 9341512760

School's Stamp