



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:

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

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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.

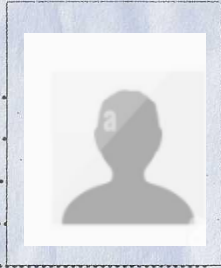
IT'S MANDATORY TO FILL ALL THE BELOW FORMS:

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

GUARDIAN PASS

Guardian Name:
Relation with the students
Contact No. (WhatsApp/ Alternate)
Student Name:

School's Stamp



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