



**THE SAGAR  
SCHOOL**



**APPLICATION FOR ADMISSION**

(Please complete this form in CAPITAL letters with black or blue pen)

Form No. \_\_\_\_\_

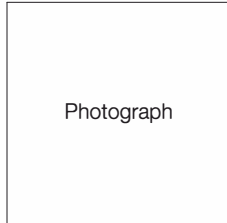
For the School Year 20\_\_\_\_ / 20\_\_\_\_

For Class \_\_\_\_\_

Expected Entry Date \_\_\_\_\_

C.B.S.E. \_\_\_\_\_

Expected Length of Stay \_\_\_\_\_



**PERSONAL DATA OF THE STUDENT**

Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth (DD/MM/YYYY) \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Citizenship \_\_\_\_\_ Original Nationality \_\_\_\_\_  
Gender \_\_\_\_\_ Blood Group \_\_\_\_\_  
Religion \_\_\_\_\_ Caste (Gen./SC/ST/OBC) other \_\_\_\_\_  
Domicile Status/UI \_\_\_\_\_  
(Which the Student belongs to (Indian Students only))  
Current Class \_\_\_\_\_ School Year \_\_\_\_\_  
\_\_\_\_\_  Speak  Read  Write  
First Language/Mother Tongue/Native Language  
Any Other Language(s) Known  
1. \_\_\_\_\_ Speak Read Write Studied  
2. \_\_\_\_\_ Speak Read Write Studied  
3. \_\_\_\_\_ Speak Read Write Studied

**CHECK LIST FOR DOCUMENTS**

Application No. / Registration No.  
 Application Fee / Prospectus free  
 Sibling(s) applying for Class(es)  
 Sibling(s) at The Sagar School in Class(es)  
 School Records  
2 Photographs of  Student  Father  Mother  Guardian  
 Transcript  Passport / Birth Certificate  
 Health Form  Guardianship  
 Transfer Certificate  
Written Assessment \_\_\_\_\_ Date \_\_\_\_\_  
Interview \_\_\_\_\_ Date \_\_\_\_\_  
Accepted \_\_\_\_\_ Class \_\_\_\_\_  
Waiting \_\_\_\_\_ Class \_\_\_\_\_  
Declined \_\_\_\_\_ Class \_\_\_\_\_  
Holding \_\_\_\_\_ Class \_\_\_\_\_  
Comments \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDRESS (PERMANENT)**

House No. / Street \_\_\_\_\_  
City / State / Country \_\_\_\_\_ Pin Code \_\_\_\_\_  
Tel. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

**ADDRESS (IMMEDIATE CORRESPONDENCE)**

House No. / Street \_\_\_\_\_  
City / State / Country \_\_\_\_\_ Pin Code \_\_\_\_\_  
Tel. \_\_\_\_\_ Mobile No. 1. \_\_\_\_\_ 2. \_\_\_\_\_ E-mail 1. \_\_\_\_\_ 2. \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Tel./Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Tel./Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

**PREVIOUS SCHOOLING**

Name of School	City / Country	Class / Grade in which Studied	Result

Reason for withdrawal from current school \_\_\_\_\_

Medium of Instruction\_\_\_\_\_ Name of the Principal / Head from previous School \_\_\_\_\_

Reason for wanting to join TSS \_\_\_\_\_

**Please attach Transfer Certificate, Transcript of last 2 years of Schooling.****SIBLING**

Surname	First Name	Date of Birth	Current School

**PERSONAL DATA OF PARENTS**

Parent-1 (Relation to Applicant)	Parent-2 (Relation to Applicant)	Guardian / Local Guardian
Last Name	Last Name	Last Name
First Name	First Name	First Name
Nationality	Nationality	Nationality
Qualification	Qualification	Qualification
Profession / Designation	Profession / Designation	Profession / Designation
Annual Income	Annual Income	Annual Income
Mobile	Mobile	Mobile
E-mail	E-mail	E-mail
Home Address	Home Address	Home Address
<b>Employer (Designation)</b>	<b>Employer (Designation)</b>	<b>Employer (Designation)</b>
Employer's Name & Address	Employer's Name & Address	Employer's Name & Address
Street (Work Address)	Street (Work Address)	Street (Work Address)
City / State / Country	City / State / Country	City / State / Country
Pin Code	Pin Code	Pin Code
Tel.	Tel.	Tel.
Mobile	Mobile	Mobile
Fax	Fax	Fax
E-mail	E-mail	E-mail
Additional Info: Applicant lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other Reasons, if not with both parents <input type="checkbox"/> One parent deceased <input type="checkbox"/> Parents divorced <input type="checkbox"/> Parents separated <input type="checkbox"/> Others If others specified		

## APPLICANT'S BACKGROUND

1. Activity / Sports / Arts (Mentioned in order of interests)
2. Has the student ever been involved in disciplinary action at school?  
 Yes       No      If yes, please describe.
3. Identified as gifted or talented.  
 Yes       No
4. Has your child ever faced social, emotional or behavioural problems?  
 Yes       No      If yes, please describe.
5. Has your child ever been identified as having a learning disability?  
 Yes       No      If yes, please mention the area.
6. Any special aptitude?
7. Financial assistance: Will you be likely to make an application for financial assistance in respect of your child's fee?  
 Yes       No      Additional support need:
8. Has the student lived in a hostel or away from his parents any time?  
 Yes       No

## HEALTH INFORMATION

Mention if your child have any allergies / chronic ailment / physical disabilities or special need that require special attention.  
Yes       No   
If yes, please give us a detailed medical report.

## PAYMENT INFORMATION

The Application Fee, as stated in the School Prospectus, must accompany the application form. The application will not be processed if this fee is not included. This fee is non-refundable.

Please indicate method of payment:     Bank Draft     Wire Transfer

Please send the bill to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_

### Indians

### Foreigners

#### Bank Details

Account Name: The Sagar School  
Bank Name: HDFC Bank Limited  
Branch Address: SCO 15,  
Sector 14, Gurgaon, Haryana  
Account No: 00902320001393  
RTGS/NEFT Code: HDFC0000090

#### Wire transfer details

Deutsche Bank, Tolstoy Marg,  
New Delhi-110001, INDIA  
Account Name : The Sagar School,  
Account No.: 1509686-00-0,  
Bank Code: 110200002  
Swift: DEUTINBBDEL,  
IBAN: 100953478500 00  
Deutsche Bank - Frankfurt

School fee will be paid by:                     Bank Draft     Wire Transfer     Eligibility for Fee concession

Please send the bill to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE SAGAR SCHOOL

- |   |      |  |      |
|---|------|--|------|
| <input type="checkbox"/> Alumni               | Name | <input type="checkbox"/> Friends         | Name |
| <input type="checkbox"/> Internet             | Name | <input type="checkbox"/> Relatives       | Name |
| <input type="checkbox"/> Newspaper / Magazine | Name | <input type="checkbox"/> Current Student | Name |
| <input type="checkbox"/> Other                | Name |  |      |

## ADMISSION PROCESS

The first step in the admission process is the submission of a complete application form. It is understood that submitting the signed application does not oblige the School to accept the student.

Testing and / or screening may be arranged depending on submitted document, class, grade level and language proficiency.

After reviewing the application, the student may be granted or denied admission or may be placed on a waiting list. In all cases, the parent(s) / guardian(s) are notified.

## TERMS & CONDITIONS

Failure to provide accurate translation of academic documents, or to declare accurately and fully any assessments or evaluations made for educational support (e.g. special education or gifted programmes, individual educational plans, child guidance clinics, private tutoring, speech therapy, psychological background) may result in the annulment of the School's acceptance offer or the student may be required to withdraw from The Sagar School.

If your child has previously been asked to leave another school, this information should be provided. Failure to declare such information will result in the offer of admission being withdrawn or in your child being asked to leave the School.

The School authorities may require, at any time, the withdrawal of the child from School for any cause, judged by them in their absolute discretion.

I give permission for my ward to go on organised school trips and to participate in all co-curricular activities.

Having read carefully the rules, regulations and procedures laid down in the school prospectus and other documents and being desirous of having my child / ward educated in The Sagar School, I hereby agree to abide by them in all respects. I understand that the decision of the School Authorities shall be final and binding on me.

The information that you have provided will be held on a database and may be used by The Sagar School for all purposes relating to the affairs of the School.

\_\_\_\_\_  
Name Relationship with the student Signature

\_\_\_\_\_  
Name Relationship with the student Signature

\_\_\_\_\_  
Name Relationship with the student Signature

\_\_\_\_\_  
Date

## PLEASE SEND THE APPLICATION TO:

**The Sagar School**  
Village Baghor, Tehsil Tijara,  
District Alwar - 301 411  
Rajasthan.  
Tel.: +91-99833 08801-04  
Mobile: +91-98710 98498  
E-mail: info@thesagarschool.org  
Website: www.thesagarschool.org

**OR Administrative office**  
Remfry House at the Millennium Plaza,  
8th Floor, Sector-27,  
Gurgaon - 122 009  
New Delhi NCR  
Tel. +91-124-280 6100  
Mobile: +91-98714 00778  
Fax: +91-124-280 6119  
E-mail: prexecutive@thesagarschool.org

## FOR OFFICE USE ONLY

\_\_\_\_\_  
Admission No.

\_\_\_\_\_  
Date of Admission

\_\_\_\_\_  
Class Admitted to

\_\_\_\_\_  
Any Concession for Fee Financial Assistance Scholarship

\_\_\_\_\_  
Signature of Principal