



CALVARY HOME ACADEMY
Village Rukasen
Estd: 1985
DIPHU, KARBI ANGLONG-782460
Tel: 8472084884 Web Site: <https://www.calvaryhomeacademy.com/>
E-mail: info.admin@calvaryhomeacademy.com

Photo

ADMISSION FORM

Form no./Reg. No. _____

1: PERSONAL INFORMATION

FULL NAME (Capital Letter): _____
(as per Aadhaar)

GENDER: MALE / FEMALE (Put Tick)

D.O.B: ____/____/____

AGE: _____

FATHER'S NAME (Capital Letter) : _____

MOTHER'S NAME (Capital Letter): _____

PRESENT ADDRESS : _____ **P.O:** _____

P.S: _____ **Dist:** _____ **PIN:** _____

Contact No.: _____ **WhatsApp No.:** _____

PERMANENT ADDRESS : _____ **P.O:** _____

P.S: _____ **Dist.:** _____ **PIN:** _____

Contact No.: _____ **WhatsApp No.:** _____

Adhaar No*: _____ **PEN:** _____ **APAAR ID.:** _____

Category: ST/SC/GEN/OBC (Put Tick)

Minority:

Religion:

Mother Tongue:

Blood Group:

Nationality:

BPL/APL(Put Tick) (If BPL, provide card)

2: EDUCATIONAL RECORD

Last School Attended & Add : _____

Last Class: _____

Admission is sought for class : _____

Last Rank/Division Obtained (Percentage): _____

As Dayscholar/Boarders (Put Tick)

Do you want to enroll in Art classes affiliated with Sarathi Art School? Yes/No (Put Tick)

3: PARENTS/GUARDIAN INFORMATION

Occupation of Parents: _____

1. Please inform your child's habits which are to be encouraged and discouraged etc.

2. Please inform us of your child's specific needs that requires special attention.

If admitted, I undertake complete financial responsibility for the above named pupil.

Signature of Parents/Guardian _____ **Date:** ____/____/____

4: SCHOOL ENROLLMENT AGREEMENT

- Students by virtue of the enrollment agree to live within the framework of the school’s code of conduct. It is understood that any behavior that indicates a student’s disregard for the spirit of the school standard would be sufficient reason to ask him/her to withdraw from the school.
- School leaving certificate other than Nursery, KG-1, KG-2 class must be furnished along with the application form.

5: AGREEMENT FOR PAYMENT OF SCHOOL FEES

- I agree to ensure timely payment of monthly school fees before the 15th of every current month. However, if there are any challenges in meeting deadlines I will dutifully communicate it in advance.
- The consequences for delayed payments will be accepted with understanding and consideration.

Signature of Parent/Guardian

Name of Parent/Guardian

FOR OFFICE USE ONLY

Admission No. _____
Status: (Pending/Accepted/Rejected)

Date of Received: ____/____/____
Remarks _____

Signature of Principal _____