

Details of brother or sister studying in HIS

Name of the Child	Admission No.	Class/Sec	Remarks
1.
2.

Signature of Father

Signature of Mother

N.B.

1. At the time of admission, an attested copy of Municipal Birth Certificate must be submitted.
2. Four passport size photographs of student & two family photographs must be submitted for school records.

DECLARATION

- i) I know that registration fee is non-refundable.
- ii) In case my child is admitted, the school may make arrangements for inoculation against Typhoid and Cholera & vaccination against Small Pox to my child by school doctor.
- iii) I have made careful note of various details regarding the payment of school fee. I have made satisfactory arrangements for remittance of full fee in school, that would be discretions to the guardian. I fully understand that the fee will not be refunded.
- iv) I hereby certify that the date of birth & spelling of name of my child/ward given in this form are correct to the best of my knowledge and I shall not make any request for change.
- v) I understand that rendering false or misleading information or withholding correct information may disqualify the child for admission/ education at this school.
- vi) I certify that I am the bonafide guardian of the child.
- vii) Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ward admitted in HIS, I hereby agree to abide by them in all respects. I understand that the decision of the management of the school shall be final and binding on me.
- viii) I hereby certify that my ward and myself would follow all the rules, regulation & procedures laid down by school from time to time.
- ix) I hereby put my signature to confirm the above declarations.

Date : _____

Father : _____

Place : _____

Mother : _____

Signature of Father/Mother

FOR OFFICE USE ONLY

Selected for Class : _____

Admission No. _____

Sign of Adm. Inchg. _____

Date of Admin. _____



HUDAIBIYA

حديبيه انٲرنيشنل اسكول

INTERNATIONAL SCHOOL

Schooling redefined!

Noorani Bagh - B, Alamganj, Patna - 800007



TRANSPORTATION FORM

Date _____

Admission No. _____

We request that our son/daughter/ward's particulars given below, be permitted to use the school van/ rickshaw for his/her return journey between _____
And HIS W.e.f. _____ in the event of his/her admission to the school .

Please affix a recent colour Photographs of the child

INFORMATION OF THE CHILD

[Use Capital Letters only]

First Name _____ Last Name _____

Gender : Male Female Date of Birth D M Y

Age _____ Class _____ Section _____

Home Address _____

Phone (Residence) _____

Phone (Office) _____ Emergency/ Mobile _____

Distance form HIS _____

Declaration

- (1) We agree to pay the transport fee as enforced from time to time.
- (2) We understand that it would be our responsibility to drop and pick-up our child at/from the specified pick-up point.
- (3) We accept that transport facility is extended to our ward at our own risk and responsibility.
- (4) We understand that our ward will be allowed to travel in the Van/Rickshaw only if seat is available on the route.
- (5) We have read and do hereby consent to the terms and conditions regarding transportation.

Signature of Father/Guardian

Signature of Mother/ Guardian

FOR OFFICE USE ONLY

Van/Rickshaw Alloted : _____ Monthly Fee _____

Sign of Transport Inchg. _____ Date _____