	<b>St.Thomas' School</b> Near ARTRAC Shimla-3 Tel: 0177- 2656507 Affiliated to CBSE New Delhi Affiliation Number : 630143	
	Admission Form	
	Session 2021-2022	
Admission number:		Passport Size
		Photo
Nationality :	Religion:	
Date of Birth in Figures:		
Date of Birth in Words:		
Aadhar Card no:		
Previous School Attended:		
Class in which to be admitted:		

Subjects Offered	(1)	_(2)	(3)	(4)
	(5)	_ (6)	(7)	(8)
Proposed date o	f Joining School:			
Father's Name in	Full:			
Mother's Name i	n Full:			
Guardian's Name	e in Full:			
Name of Parent/	Guardian:			
(responsible for p	ayment of school fee)		Tel No:	
Occupation with	Complete Official Addres	s:		
Name of Parent/	Guardian:			
Complete home A	Address:			
Category ( Please	Tick the appropriate bo	x) (Proof to be uplo	paded )	

( Pro appropriate box) of to be uploaded j Б 11 TICK

SC	ST	OBC	Gen	Others

Date:

I desire that my

son/daughter/ward:\_\_\_\_\_

may be admitted to St.Thomas' School, Shimla.

I, Agree to the following regulations and requirements of the School.

- 1. I am willing for my child to join in prayers and religious teaching with the pupils.
- 2. I understand that while withdrawing my child I am liable to give one month's notice or one month's fee in lieu thereof.
- 3. I understand that if the child remains absent for seven days without notice his/her name will be struck off.
- 4. I understand that the Caution Money is non refundable if the student fails to join the school.
- 5. I understand that my son/daughter/ward is being given admission, subject to fulfilling eligibility.
- 6. I understand that all fees once paid is not refundable for any reason.
- 7. I undertake to abide by the rules and regulations for the school and to pay the prescribed fee.

Date :	

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

(Parents/Guardian)

(In Block Letters)