REGISTRATION FORM

Academic Year ________________

*Please complete the form in capital letters:*

**Student Details**

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
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<tbody>
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<td>D</td>
<td>D</td>
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</tbody>
</table>

Nationality____________________________ Citizenship _______________________

Grade Applying for _______________________________________

Grade Completed in Previous School ________________________
(If Applicable)

Father’s Name___________________________________________

Contact Details Phone______________________________________

E-mail _____________________________________________

Mother’s Name___________________________________________

Contact Details Phone______________________________________

E-mail _____________________________________________

Guardian’s Name___________________________________________

Phone__________________________________________________

E-mail _____________________________________________
DOCUMENTS, ENCLOSURES & FEE TO BE SUBMITTED WITH THE COMPLETED APPLICATION FORM:

1. Passport size photographs of the student, with name written behind each: 6
2. Passport size photographs of both parents and/or guardian with name and relationship written behind each photograph eg: Alka mother of Sonal: 3 each
3. Proof of age: Birth certificate / Aadhar Card / Passport
4. Proof of Residence: Ration Card of parent / Aadhar Card / Passport / Lease agreement / Deed of conveyance / Electricity or Phone Bill
5. Latest academic reports: 2 Photo copies or printouts from the web will suffice but need to be stamped by the School
6. Registration & Application amount of Rs. 5000/- (we do not accept cheques for registration & application)
7. School Leaving Certificate from previous School: this can be submitted at the time of joining

Please note that all documents are to be submitted in photocopies, the school will not accept original documents of any of the above.

We welcome you to the Cathedral Vidya School, Lonavala and hope to see you grow to be strong men and women that can hold their own in every situation. Please carry forward with you the values of hard work & simplicity and the baton of proud ‘Cathedralites’ that have preceded you in becoming contributive citizens of the World.
ADMISSION APPLICATION FORM

Academic Year __________________

Please complete the form in capital letters:

1. Student Details

Surname          First Name          Middle Name

Date of Birth    Gender

M     F

D D M M Y Y Y Y

Nationality_________________________ Citizenship ________________________

Grade Applying for ________________________________

Previous School__________________________________________________

Current Residential Address: ______________________________________

Permanent Address: _____________________________________________

Address for Communication: ______________________________________
### 2. Parent / Guardian / Father / Mother Details

#### MOTHER

**First Name**

**Middle Name**

**Surname**

Educational qualifications

**Occupation**  
- [ ] Service  
- [ ] Self-employed  
- [ ] Home Maker

**Organisation**

**Designation**

**Address**

**Phone**  
**Mobile**

**E-mail**

#### FATHER

**First Name**

**Middle Name**

**Surname**

Educational qualifications

**Occupation**  
- [ ] Service  
- [ ] Self-employed  
- [ ] Home Maker

**Organisation**

**Designation**

**Address**

**Phone**  
**Mobile**

**E-mail**

#### GUARDIAN

**First Name**

**Middle Name**

**Surname**

Educational qualifications

**Occupation**  
- [ ] Service  
- [ ] Self-employed  
- [ ] Home Maker

**Organisation**

**Designation**

**Address**

**Phone**  
**Mobile**

**E-mail**
3. Sibling Details (If Applicable)

Name ____________________________________________________________ Age ______

Pre School/School Studying in:________________________________________

4. Special Qualities or any other Important Information about your child that you may wish to share with us:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

By signing this document, we are committed to respecting all regulations set forth by the school.

________________________________ DD / MM / YYYY

________________________________ DD / MM / YYYY

________________________________ DD/ MM /YYYY

________________________________ Father's Signature

________________________________ Mother's Signature

________________________________ Guardian's Signature
PARENT INFORMATION SHEET & CONSENT FORM
(To be signed in front of an Admissions Counsellor)

<p>| |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>I................................................................................................................................................. confirm that I have read the following document and confirm acceptance:</td>
</tr>
<tr>
<td></td>
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<tr>
<td>- The School may use any photographic material or work done by the student, as part of the learning process, for School promotions.</td>
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<tr>
<td></td>
</tr>
<tr>
<td>- Students may be required to participate in promotional, off campus activities, with prior knowledge of the parent / guardian, outside of school hours and the parents have no objection to the same.</td>
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<tr>
<td></td>
</tr>
<tr>
<td>- It is mandatory for all students to be part of all Educational Tours, Camps, Courses and activities that are required to be conducted by the School for learning purposes except on medical grounds for which a medical certificate needs to be furnished.</td>
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<tr>
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<tr>
<td>- While complete care is taken to ensure the safety of every child, the school shall not be liable to pay any compensation or damage costs to person and property of the student at any time during the course of such activities.</td>
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<tr>
<td></td>
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<tr>
<td>- Though the School is completely equipped to handle injuries that may occur during the school day, parents will take responsibility for providing and paying for costs related to off campus medical treatment.</td>
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<td></td>
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<tr>
<td>- The School may add clauses to this document from time to time based on the needs of the student's well-being, at any time.</td>
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<tr>
<td>Father's Signature .................................................................</td>
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<tr>
<td></td>
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<tr>
<td>Mother's Signature .................................................................</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Guardian's Signature .................................................................</td>
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<tr>
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<tr>
<td>Admissions Counsellor .................................................................</td>
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<tr>
<td>Date .................................................................</td>
</tr>
</tbody>
</table>
MEDICAL FORM

Student’s Particulars

Name of Student ____________________________ Gender M ☐ F ☐
Father’s Name ____________________________ Mother’s Name _______________________
Registration No. __________________________ Admission No. ________________________
Identification mark __________________________
Blood Group ___________ HB ___________ Height (in feet & inches) ___________ Weight (KG) ______

History of any significant past or present prolonged illness. Eg. Epilepsy, asthma, any other.

__________________________________________________________________________

Any other significant information that you may wish to share with us.

__________________________________________________________________________

Student Vaccination Record (Tick below if applicable)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>☐</td>
<td>☐</td>
<td>Hib</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>DTP</td>
<td>☐</td>
<td>☐</td>
<td>Influenza</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>MMR</td>
<td>☐</td>
<td>☐</td>
<td>Typhoid</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Polio</td>
<td>☐</td>
<td>☐</td>
<td>Measles</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>☐</td>
<td>☐</td>
<td>Chickenpox</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>☐</td>
<td>☐</td>
<td>TDAP</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Others__________________________________________________________________________

Is your Child allergic to:

Any Drug ____________________________ Any Food ____________________________

Anything Else__________________________________________________________________________

Does your child wear spectacles? Yes ☐ No ☐

Does your child suffer from any kind of colour blindness? ____________________________

__________________________________________________________________________

Doctor’s Remarks / Suggestion ____________________________

__________________________________________________________________________

Date: ____________________________

Doctor’s Signature ____________________________

Seal & Registration No. ____________________________