SPRING BUDS EDUCATIONAL INSTITUTE

OMPORA BUDGAM ADMISSION FORM



	Session	Admission	No
Name of the Child (in capital Letters)		_Class	
Date of Birth (in Figures), DDMM	YY (In words)		
Age as on 1st March of the admission year, Yea	ars Months	Days	
Gender (please put a tick), Male Femal	le Nationality of	the child	
Name of the previous school			
Reason of Leaving			
Medium of Instruction			
Parent's details		4	
Father:-			
Name			
Date of Birth	Nationality _		
Academic Qualification	•		
Designation	Name of Organization _		
Office Address			
Residential Address			
Phone No Mo	bile No		
Mother			
Name			
Date of Birth	Nationality _		
Academic Qualification	Occupation		

Designation	Name of Organi	zation
Office Address		
Residential address		
Phone no	mobile no	
Guardian (if any than the Parer	nt)	
Name		
Date of birth	natio	nality
Academic qualification	natio	pation
Designation	name of organiz	ration
Office address		
Residential address		
	mobile no	The state of the s
a) If any parent is an ex-st	udent of SBEI OMP,PLEASE me	ention year and branch
Details of any brother or sister	(not cousins) studding in the SB	BEI
Name of the child	Name of the branch	Class/ Sec
For class U.K.G language on wa	ords the enrichment of the school	ol.
Please tick against your choice		
Cultural	Medical	Media
Academic	Sports	any other
If school transport is required	Yes	No
INSTRUCTIONS		
	6	

Please submit the following along with the form

- 1. Transfer certificate from the previous school.
- 2. Passport size photographs of the child and parents duly affixed.

- 3. A photo copy of the birth certificate issued by the municipal corporation/ civic authorities or a photocopy of the latest progress report card.
- 4. A medical certificate issued by an MBBS Doctor.

child's

Please affix a mother's
photograph here

Please affix a fathers photograph here

CERTIFICATE FROM PAREENT

I hereby certify that to the best of my knowledge, information given above is correct. I also agree that in any matter the decision of the headmaster will be final and binding on me. In the event of any injury or harm or loss of life during the course of the stay of my ward in the school. I shall not hold the school or authorities responsible for the same. Also, I understand the prior one month notice needs to be given to the school in case i wish to withdraw my child.

Date:		Sig. Of Parent
Dated:		Principal

SPRING BUDS EDUCATIONAL INSTITUTE OMPORA BUDGAM TRANSPORT FORM

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IAME OF THE CHILD (IN CAPITAL LE	TTEDC):	\wedge		
IAIVIE OF THE CHILD (IN CAPITAL LE	CLASS			
ARENTAGE				
SENDER PLEASE PUT A TICK MALE		ALE	NATIONALITY	
ERMENENT ADRESS				
RESENT ADRESS				
HONE NO: -		OBILE No _		
lame of the person who will come	at the stop to drop	and pick the	e child	
2.				
or office use only				
dmission No: -			reg. No	
lame of the Child				
oute		_ Class		
us. No	Stop			
iming (pick)	AM	Drop		PM

SPRING BUDS EDUCATIONAL INSTITUTE OMPORA BUDGAM BUS RULES

- 1. All the students using the school bus are expected to be at the bus stop at least five minutes before the arrival time of the bus.
- 2. The bus will not wait for the late comers.
- 3. The children should stay away from the main road until the bus arrives.
- 4. No student should come near the entry door of the bus till it has made a complete stop.
- 5. All the students must occupy seats immediately after boarding their buses.
- 6. The front door of the bus is only authorised entrance and exit.
- 7. The drivers are authorised to stop buses at designed stop only. Routes are prepared after detailed survey. Change of bus route is not allowed.
- 8. When the bus is in motion, students must not move around in the bus and no part of their body should be outside the window.
- 9. Students will be held responsible for any damage to buses caused by negligence or vandalism.
- 10. No student is allowed to eat in the bus.

