

Tel: 26413496
26210885

The Study



The Director
The Study School
East of Kailash, E Block
New Delhi 110 065

Photograph
of your child

Application for Admission

Name of Child _____ Date of Birth _____

Place of Birth _____ Nationality _____ Mother Tongue _____

Address _____

_____ Residence Phone _____, _____

Last school attended (if any) _____ Grade Passed _____

Address of school _____

Father's Name _____ Cell Number _____

Profession / Business _____
(Give name of company / business)

Office address _____

Office Tel. _____, _____, E-mail _____

Mother's Name _____ Cell Number _____

Profession _____ Off. Tell. _____

Office Address _____

Reference of Mr./Mrs./Dr. _____ Tel. _____

I/We have read the School prospectus, noted the fees and the clause regarding three calendar months' notice of withdrawal or fees in lieu thereof; and agree to abide by the School rules, terms of notices etc, as formed by the school management from time to time.

I/We accept that the School and its management, Teachers Staff and associated persons/entities cannot be held responsible or liable for any accident, mishap or injury that may occur to our child (above named) or any member of my family in or around the school premises whether during or after School hours, and/or while private transport / private school van (whether rented or owned by the School) and/or while participating in any School function / excursion.

I am aware that there is no security or refundable deposit

The persons / entities covered by this clause shall not be under any liability whatsoever under any law including the Consumer Protection Act, 1986 except for refund of School fees for a period of one month, in such cases where the School accepts responsibility or is adjudicated to be responsible for the accident or incident.

Date _____

Signature of both parents or the legal Guardian

FOR OFFICE USE

Date Admitted _____

Date Withdrawn _____

Dated: _____

To,

**The Director
The Study School
East of Kailash, E Block
New Delhi 110 065**

Dear Madam,

This is to introduce Mr. & Mrs. _____
who have applied to your School for the admission of their child
_____ for the term
_____.

I am NOT related to either parents and have known them for _____ years.

My child is / was at The Study since _____ to _____.

His / her name is:

1. _____

2. _____

3. _____

Full name of guarantor:

Mr./Mrs./Dr. _____

Signature: _____

Address: _____

Telephone No.: _____ Cell No.: _____