



# THE H.D. FOUNDATION SCHOOL

(A UNIT OF HARIDUTT JAGANNATH EDUCATION AND WELFARE SOCIETY)

Stadium Road, Haldwani (Nainital).

Contact No. : 05946-220223, 7895636276, e-mail: office@hdfoundationschool.com

**For Office Use Only**

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## **REGISTRATION AND APPLICATION FORM**

Please note that:

Incomplete forms, including those without a photograph, the most recent year-end school report (if applicable), proof of date of birth, and a cheque for the application fee will not be considered.

### **1. PROGRAMME: Pre-Primary/Primary**

### **2. PERSONAL INFORMATION OF THE CHILD:**

- a) Name in full: .....
- b) Gender: .....
- c) Date of Birth: .....  
Age as on 31<sup>st</sup> March..... years ..... months
- d) Place of Birth: .....
- e) Nationality: .....

Please affix  
recently taken  
photograph of  
the child

### **3. DETAILS FOR COMMUNICATION:**

- a) Address:.....  
.....  
.....
- b) Phone (Res): .....Phone (Off):.....

### **4. DOES THE CHILD LIVE WITH A GUARDIAN? IF YES, PLEASE PROVIDE DETAILS**

- a) Address:.....  
.....  
.....
- b) Phone (Res):..... Phone (Off):.....
- c) Mobile: .....
- d) e-mail: .....

5. **ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD:**

.....  
.....  
.....

6. **INFORMATION ABOUT THE FAMILY (parents/guardians):**

a) Father's Name/ Guardian's Name: .....

1. Relationship with the Student (if Guardian):

.....

2. Office Name and Address: .....

.....

.....

3. Designation: .....

4. Educational/ Professional Qualifications: .....

.....

5. Phone (Office): ..... Mobile: .....

6. e-mail: .....

b) Mother's Name/ Second Guardian's Name:.....

1. Relationship with the Student (if Guardian): .....

2. Office Name and Address:.....

.....

.....

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3. Designation: .....

4. Education/ Professional Qualifications: .....

5. Phone (Office): ..... Mobile: .....

6. e-mail: .....

7. **CHILD'S HISTORY**

(a) School history of the child (List all the schools previously attended. Attach a copy of latest available school report)

Name of the School	Place	Date of Joining	Date of Leaving	Standard

b) 1. Is the child under any medication or treatment? If yes, please provide details:  
.....  
.....

2. Any other information you would like to share about the child's health:  
.....  
.....

c) Contact Details of the child's Doctor:  
1. Name of the Doctor: .....  
2. Phone Number (Clinic):..... Mobile:.....  
3. e-mail:.....  
4. Can we contact the child's doctor if necessary? .....

d) Details of siblings (real brother or sister):  
Name:.....  
School: .....  
Class: .....

**8. DOCUMENTS TO BE ENCLOSED ALONG WITH THE APPLICATION FORM**

- a) Copy of the Birth Certificate
- b) Copy of Vaccination Records
- c) Copy of the previous school records, if attended
- d) Photograph to be affixed
- e) Identity card of both parents

**9. ARE YOU INTERESTED IN AVAILING TRANSPORT FACILITY?**

YES  NO

**10. DECLARATION BY CHILD'S PARENTS/ GUARDIAN:**

We certify that all the information provided above is true to the best of our knowledge. We understand that if the information provided by me/us in this form is found to be incorrect or false, now or later, my/our ward will be automatically debarred from admission without any correspondence in this regard.

Name and Signature of the Father/ Guardian:.....

Name and Signature of the Mother/ Guardian:.....

**Note:**

- (a) Payments arriving later than the due date shall attract a LATE FEE@ 500 per month.
- (b) The school management reserves the right to amend the FEE STRUCTURE and rules/policies from time to time.
- (c) Payments made by cheque/demand draft should be made in favour of "THE H.D FOUNDATION SCHOOL".
- (d) Parents are expected to co-operate with the school rules and regulations.