



Shri Agrasen Public School

(A SENIOR SECONDARY CO-EDUCATIONAL ENGLISH MEDIUM SCHOOL) / AFFILIATED TO CBSE DELHI
Agrasen Katla, Maharaja Agrasen Marg, Near Sanganeri Gate, Agra Road, JAIPUR -302003 (RAJASTHAN)

Phone: 0141-2613922, 8000616557, 8000639760

E-mail: sapsjaipur@gmail.com Website: www.sapsjaipur.ac.in

Admission Form Session 2024-25

STUDENT
PHOTO

Registration No.(To be filled by office)

Class in which admission is sought for Session: 2024-25

1. (a) Full name of the child (in Capital letter):

(b) Gender: Male Female

2. Date of Birth Day Month Year

In words:

Age of the child as on 31st March 2024 Year Month

3. Details of Parents:

Details of Mother/Father	Mother	Father
(i) Name (in capital letters)		
(ii) Occupation		
(iii) Office address with Telephone No.		
(iv) Full residential permanent address with Telephone No.		
(v) Annual Income		

4. Category : Gen SC ST OBC

5. Status : EWS SG Disabled
Economics weak section Single girl child Physically Challenged
(100000 or less than 100000)

6. Name & contact number of local guardian (if any):

7. Name & Address of the previous school with class:

8. No. & date of T.C. issued by previous school with status of result:

9. Previous school was affiliated with CBSE / ISCE / IB / RBSE (✓) / Any other

10. Result of Last Class:

Subject	Maximum Marks	Marks Obtained	% of Marks	Remarks

11. Details of Siblings (if any):

Name	Brother/ Sister	Age	School Studying in

12. Vehicle to be used coming/going school

1. Auto / Public Transport 2. Cycle 3. Scooter / Motor Cycle

Driving License No. (In case of Scooter/ Motor Cycle)

Details of Brother/Sister

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief, if any information or document supplied by me found to be incorrect, I will be responsible for the same.



Date:

Signature of Parents

Place: Jaipur.

FOR OFFICE USE

Admission Form No.

Name: Father's Name:

Class: Section:

Residence Address:

..... (Mob. No.).....

Payment of Registration fee Date..... Receipt No.....

Form checked by (Signature/Name)

Admission Granted / Refused.....

Signature of Principal

Fees Details:

Particulars	Receipt No.	Date	
Admission Fee			
First Installment			

Signature of Office Accountant

Correct entries from the admission form to the admission & withdrawal register have been made on page no _____ on dated _____.

Checked By

Signature of Principal