

FILIX SCHOOL OF EDUCATION

Form No - 40



(An Educational Project of NANRITAM)

CBSE Affiliation No. 2430246

School Code - 15609

Barandanga, Para, Purulia, Pin 723155

Phone No. 8335045428, 8335045496

email: filixschoolofeducation@gmail.com

Student's
Photograph

STUDENT DATA FORM Session 2023-24

ARE YOU EQUIPPED WITH ONLINE SUPPORT SYSTEM

Yes

No

	ANROID PHONE	LAPTOP	DESKTOP	HIGH SPEED NET
Pls tick (✓)				

NAME (in block letters) _____ CLASS _____ SEC. _____

DATE OF BIRTH _____
(In figures) (In words)

NATIONALITY _____ Gender : M / F Category : Gen / SC / ST / OBC / EWS / DG / BPL

RELIGION _____ (Tick whichever is applicable)

RESIDENTIAL ADDRESS _____
_____ PIN _____

TELEPHONE NUMBER (S) Mobile: _____ Whatsapp _____

Mother

NAME (in block letters) _____

OCCUPATION _____

DESIGNATION _____

NAME OF ORGANISATION _____

(with full address) _____

Whatsapp No. _____

MOBILE _____ E-MAIL _____

Mother's
Photograph

Father

NAME (in block letters) _____

OCCUPATION _____

DESIGNATION _____

NAME OF ORGANISATION _____

(with full address) _____

Whatsapp No. _____

MOBILE _____ E-MAIL _____

Father's
Photograph

2nd LANGUAGE _____

DETAILS OF PREVIOUS SCHOOL			
NAME OF THE SCHOOL			
MEDIUM <i>[Please Tick (✓)]</i>	<input type="checkbox"/> English	<input type="checkbox"/> Bengali	<input type="checkbox"/> Hindi
CLASS ATTENDED		PERIOD	<i>From _____ to _____ (mention year)</i>

DETAILS OF ANY SIBLINGS (Real Brother or Sister) STUDYING IN FSE

NAME OF CHILD	REGD. NO.	CLASS/SEC.	REMARKS
1. _____	_____	_____	_____
2. _____	_____	_____	_____

ANY OTHER INFORMATION

- Staff Child (mention name of the parent working at FSE) _____

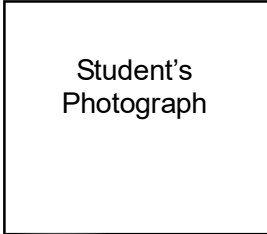
SIGNATURE OF FATHER

SIGNATURE OF MOTHER

Please Note:-

- Last date of submission of the form: 31st December, 2022
- Must submit Rs. 100/- with the form through online payment. Please submit the receipt along with admission form at filixschoolofeducation@gmail.com
- Students will be intimated the admission test / counseling date at their Email / Whatsapp number.

FILIX SCHOOL OF EDUCATION
ENROLMENT FORM
Session 2023-24



REGISTRATION NO. _____

Full Name of the Student (In Capital letters/Blocks) _____

Date of Birth (In words & figures) _____

Nationality of the Child _____ Gender _____

Category - General / SC / ST / OBC / EWS / DG / BPL (Tick whichever is applicable)

School conveyance required or not _____

Last School Attended _____

Father's Name (Block Letters) _____

Academic Qualification _____ Designation _____

Office Address _____

Mobile. No. _____ E-mail _____ Monthly Income. _____

Whatsapp No. _____

Mother's Name (Block Letters) _____

Academic Qualification _____ Designation _____

Office Address _____

Mobile. No. _____ E-mail _____ Monthly Income. _____

Whatsapp No. _____

Permanent Residential Address _____

Present Residential Address _____

Hometown _____ State _____ Nearest land mark _____

I solemnly affirm that the above information is true to the best of my knowledge.

Date : _____

Signature of the Parent

Name & address _____

_____ **(OFFICE USE)** _____

Admit in class _____ Sec. _____ House _____

School Manager _____

Coordinator

Principal

UNDERTAKING

I, the undersigned have made a careful note of various details regarding the payment of school fees and have made satisfactory arrangement for the remittance of the school fees within due dates without waiting for a reminder from the school. I will pay the school fees through Demand Draft / Crossed Cheque / Online in favour of Filix School of Education by due dates as mentioned in the fee bill / statement of fee.

WITHDRAWAL POLICY:-

If any parent or guardian chooses to withdraw the child from the school within one month from the date of admission, then the school shall retain the Registration Charges, Admission Fee and the Tuition Fee for one month only and the balance shall be refunded. In case of withdrawal after one month, annual charges and tuition fee till that respective month will also be charged along with the above mentioned charges as per rules of the school.

I confirm the above mentioned undertaking and solemnly affirm that I will abide by all the school rules.

Date : _____

Signature of the Parent

Student's Name

Admission No.

Parent's Name

Address

(OFFICE USE ONLY)

1. Medical Officer's Report (FSE) _____

2. Has submitted the T.C./Birth Certificate in Xerox copy _____

Principal