

S.No.



strawberry fields
HIGH SCHOOL

Sector 26, Chandigarh
Tel: +91 172 279 5903/5904, Email: contact@sfhs.in
www.strawberryfieldshighschool.com

Affix a recent colour
photo of the
applicant

REGISTRATION FORM 2019-20
CLASS 11 - ISC

Affix a postcard size family photograph here

APPLICANT'S DETAILS

(Please use CAPITALS. Ward and parents' names must be according to the Birth Certificate)

First Name											
Middle Name											
Surname											
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality								Religion			
Category	<input type="checkbox"/> General	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC							
Class Applied For	11 – ISC										
Home Address											
Phone(s)											

Details of Previous Schooling

School	City	Class	Year
		10	
		9	
		8	

For Office Use Only

Admission No.		Class	
Date of Joining		Section	

SUBJECT SELECTION



Subject selection is a significant endeavour. Parents and students are requested to indicate their choices below, which will be confirmed after the applicant takes the entrance test and attends a counselling session with their parents/guardians and the school management.

ISC students are required to take 5 subjects, they will also be assessed on SUPW and Community Service.

Humanities Stream *(Please choose one subject from each box below)*

1. English *(Compulsory)*

2. Political Science <input type="checkbox"/>	3. Economics <input type="checkbox"/>	4. Sociology <input type="checkbox"/>	5. History <input type="checkbox"/>
Psychology <input type="checkbox"/>	Physical Education <input type="checkbox"/>	Psychology <input type="checkbox"/>	Mathematics <input type="checkbox"/>
Physical Education <input type="checkbox"/>		Mathematics <input type="checkbox"/>	Art <input type="checkbox"/>
			Physical Education <input type="checkbox"/>
			Computer Science <input type="checkbox"/>

Commerce Stream *(Please choose one subject from each box below)*

1. English *(Compulsory)*

2. Economics	3. Accounts	4. Commerce	5. Mathematics <input type="checkbox"/>
			Physical Education <input type="checkbox"/>

Science Stream *(Please choose one subject from each box below)*

1. English *(Compulsory)*

2. Physics	3. Chemistry	4. Biology <input type="checkbox"/>	5. Mathematics <input type="checkbox"/>
		Mathematics <input type="checkbox"/>	Physical Education <input type="checkbox"/>
			Art <input type="checkbox"/>
			Computer Science <input type="checkbox"/>

PARENTS' DETAILS

Mother's First Name		Father's First Name	
Middle Name		Middle Name	
Surname		Surname	
Occupation		Occupation	
Designation		Designation	
Organization		Organization	
Phone		Phone	
Mobile		Mobile	
Email		Email	

If Single Parent, Please Specify:

Student Lives With	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other: _____
Legal Custody of the Child	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other: _____
Correspondence to	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other: _____
Check if Applicable	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Father Remarried	
	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Mother Remarried	
	<input type="checkbox"/> Parents living Outside India			

In case the parents are separated or divorced, please provide supporting documents and indicate the arrangements between the parents regarding visitation rights.

_____ Mother's Signature	_____ Father's Signature
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GUARDIAN DETAILS

Guardian's First Name		Phone	
Middle Name		Address	
Surname			
Relationship with the Child			

SIBLING(S), IF ANY, DETAILS *(Real Brother or Sister Only)*

Name	Age	School	Class

IN CASE OF AN EMERGENCY *(Please indicate allergies, history of asthma, epilepsy, juvenile diabetes or other major illness, if any.)*

Family Doctor's Name		Phone No.	

EMERGENCY CONTACT *(Other than Parents)*

Name		Name	
Phone No.		Phone No.	
Relation		Relation	

Note: In case the school authorities are unable to contact you or the designated emergency contact, your child will be administered medical aid to the best of our ability.

GENERAL INFORMATION

Calendar
The academic year is from the middle of April 2019 to March 2020.

Eligibility for the 2019-20 Session

1. Candidate should have completed 10 years of education from a recognised school.
2. Candidate should have passed or should be appearing for the Class 10 Board Examination / Internal School Examination.
3. This form entitles the applicant to be considered for a Provisional Admission. It does not guarantee admission and is subject to the student's Class 10 Board Exam result / Internal School Exam result / previous academic track record and performance in the School's written test results.
4. Candidate should have attained a minimum of 80% aggregate for Humanities and Commerce Streams and for Science Stream, a minimum of 85% aggregate with 85% marks in each of the subjects Physics, Chemistry, Biology and Mathematics as applicable.
5. In case of candidate applying under the CCE pattern with CGPA scores, the scores to be converted to % as prescribed.

Procedure

The form duly filled, must be submitted in the school office by or before March 28, 2019.
Eligible candidates will be required to appear for an Entrance Test and an Interaction. The details are available on the school website: <http://www.strawberryfieldshighschool.com/>

Fees for 2019 – 20

Admission fee (Non-refundable):	29700.00
Tuition fee (per annum) – Classes 11 and 12:	
Humanities Stream	160700.00
Commerce Stream	160700.00
Science Stream (Medical and Non-Medical)	172500.00

Payments are in INR, payable quarterly

Charges for transport, external examinations, stationery and school trips will be charged extra, as incurred.

Please take time to answer these questions. You may use a separate sheet of paper, if necessary.

How would you contribute to your child's education at school?

What expectations do you have of your child?

Have you noticed any behavioural or learning difficulty in your child? (will be kept confidential)

Extra Curricular activities participated in. (sports, music, dance, theatre, competitions, societies).

Any other information that you would like to share about your child.

IMPORTANT DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM

- | | |
|--|--------------------------|
| 1. Two family and two passport size photographs of the applicant | <input type="checkbox"/> |
| 2. One passport size photograph of each parent | <input type="checkbox"/> |
| 3. Attested photocopy of birth certificate or any other document prescribed by Chandigarh Administration | <input type="checkbox"/> |
| 4. Attested photocopy of Passport, Visa and OCI / PIO or Student Visa in case of foreign national | <input type="checkbox"/> |
| 5. Attested photocopy of residence proof
(Ration Card / Voter I-Card / Electricity or Water Bill / Tenant's Deed / Gas Connection / Aadhaar Card / Passport etc.) | <input type="checkbox"/> |
| 6. Any other documents (photocopies) related to the child's accomplishments in the field of academics, sports and / or extra-curricular activities | <input type="checkbox"/> |
| 7. Internal School Assessment for classes 9 and 10 / Pre – Board Examination result of Class10 attested by the Principal | <input type="checkbox"/> |
| 8. Character Certificate from previous school. | <input type="checkbox"/> |

1. I/We have read and understood the terms and conditions of the admission process.
2. I/We consent to our child being administered first aid and/or call on medical advice in case of an emergency as deemed fit by the school.
3. I/We declare the given particulars are true to the best of my/our knowledge and belief.
4. I/We understand that the submission of this form does not guarantee admission.
5. I/We understand that any discrepancies / contradictions in this form will result in rejection and re-submission of this form.

Date

Mother's Signature

Father's Signature

Guardian's Signature

Please Note: Parents should come with a time span of one hour for formalities.