

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 2021-22

Classes 1 - 8

Affix a postcard size family photograph here

APPLICANT'S DETAILS *(Please use CAPITAL letters. 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 | | | | | | | | Third Language Studied <i>(If applying for Class 6 and above)</i> | | | | |
| Home Address | | | | | | | | | | | | |
| Phone(s) | | | | | | | | | | | | |

Details of Previous Schooling

| School | City | Class | Year |
|--------|------|-------|------|
| | | | |
| | | | |
| | | | |

For Office Use Only

| | | | |
|-----------------|--|---------|--|
| Admission No | | Class | |
| Date of Joining | | Section | |

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 |

DEMOGRAPHIC DETAILS

| | |
|---|--|
| What is your Mother Tongue? | |
| Which country are you originally from? | |
| Which state in India are you originally from? | |

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 April 2021 to March 2022. | |
| Procedure | |
| Registration form for admission can be downloaded from our website or collected from the school from December 03, 2020. The form duly filled, must be submitted in the school office, between December 03 and December 19, 2020 between 10:00 a.m. and 1:00 p.m. | |
| Admission Criteria | |
| <ol style="list-style-type: none">1. Admission to classes 1 to 8 is subject to there being a vacancy.2. Preference is given to the following:<ol style="list-style-type: none">a. Students whose siblings are studying at Strawberry Fields High School, Sector 26, Chandigarh.b. Students whose siblings are studying at Strawberry Fields Play School, Sector 24, Chandigarh.3. Once seats are filled using the above admission criteria, a draw of lots, if necessary, will be held in School. | |
| Fees for 2021 – 22 | |
| Admission fee (Non-refundable): | 99500.00 |
| Tuition fee (per annum): | |
| Junior School - Classes 1 - 5 | 131000.00 |
| Middle and High School - Classes 6 – 10 | 143600.00 |
| Payments are in INR, payable quarterly | |
| Charges for transport, external examinations, stationery and school trips etc. will be charged extra, as incurred. | |

The following questions are for our information only and have no bearing on the admission process. Please take time to answer them. 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 REGISTRATION FORM

- 1. Two family and two passport size photographs of the applicant
- 2. One passport size photograph of each parent
- 3. Attested photocopy of birth certificate or any other document prescribed by Chandigarh Administration
- 4. Attested photocopy of Passport, Visa and OCI / PIO or Student Visa in case of foreign national
- 5. Attested photocopy of residence proof
(Ration Card / Voter I-Card / Electricity or Water Bill / Tenant's Deed / Gas Connection / Adhaar Card / Passport etc.)
- 6. A copy of the most recent academic report.
- 7. Any other documents (photocopies) related to the child's accomplishments in the field of academics, sports and / or extra-curricular activities

- 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.