

NURTURE THE CAREER CONVENT SCHOOL

KARJI, RAJPUR, BALARAMPUR - R.GANG (C.G.) 497118

ADMISSION FORM 2026-27

Parent
Photo

Parent
Photo

Session: 2026-27

Admission No.:

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Date

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Class Applied For: _____

Student
Photo

1. STUDENT'S DETAILS

Full Name (in BLOCK LETTERS):

[illegible]

Meddle Name

[illegible]

Last Name

[illegible]

Date of Birth

Place of Birth: _____

Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ Others

Religion: _____ Gender: ☐ Male ☐ Female ☐ Other

Nationality_____ Mother Tongue_____

Weight

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 Height

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[illegible]

2. PARENT/GUARDIAN DETAILS

Father's Name:

[illegible]

Meddle Name

[illegible]

Last Name

[illegible][illegible]

Mother's Name:

[illegible]

Meddle Name

[illegible]

Last Name

[illegible][illegible]

Guardian's Name (if applicable):

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Middle Name

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Last Name

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Occupation: _____ Mobile:

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 Email:

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Annual Income: ☐ Below 1 Lakh ☐ 1-5 Lakh ☐ Above 5 Lakh

Parents Education: Father _____ Mother _____ Guardian _____

3. ADDRESS DETAILS

Current Address:

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PIN:

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 State: Chhattisgarh

Permanent Address:

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PIN:

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 State: Chhattisgarh

Contact No.:

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 WhatsApp No.:

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4. PREVIOUS EDUCATION (if applicable)

Name of Last School: _____

Class Passed: _____ Year: _____ Medium: _____

Percentage/Marks: _____% Board: _____

5. SIBLINGS IN THIS SCHOOL (if any)

Name: _____ Class: _____ Relation: _____

6. SCHOOL TRANSPORT AND FEE DETAILS

Do you require school transport? ☐ Yes / ☐ No

If yes, specify Pick-up/Drop-off Location:

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Preferred Fee Payment Frequency ☐ Annually / ☐ Half-Yearly / ☐ Quarterly / ☐ Monthly |

Transport fees will have to be paid in advance.

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Acknowledged Fee Structure: ☐ Yes ☐ No (A copy of the fee structure has been received and understood)

7. DECLARATION

I, the undersigned Parent/Guardian, hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand and agree to abide by the rules, regulations, and fee structure of **Nurture The Career Convent School, Karji**. I also grant permission to the school authorities to administer first aid or seek necessary emergency medical care for my child, if required.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

8. OFFICE USE ONLY

Admission Granted: ☐ Yes ☐ No Fee Receipt No.:

Remarks: _____

Principal's Signature: _____

Date: _____

Documents Required (Attach Photocopies):

- Birth Certificate ☐
- Aadhaar Card (Student & Parents) ☐
- Previous School Report Card (if applicable) ☐
- Passport Size Photos (4 Pic.) ☐
- Parent's Passport Size Photos (1pic. – 1Pic.) ☐
- Caste Certificate (if applicable) ☐
- BPL Card (if applicable) ☐