



Estd. 1992

NEW STEWART SCHOOL

Sl. No. :

MISSION ROAD, CUTTACK 753001, ODISHA

For Office only

(A Christian unaided Minority Institution)

(An Institution under the Management of the Diocese of Cuttack, CNI)

(APPLICATION FORM FOR REGISTRATION FOR ADMISSION SESSION 20 - 20)

(Affiliated to **CISCE**, New Delhi) (School Code - **OR053**)

A - Issue of Registration form does not ensure admission

B - Admission Fee paid is non refundable and non - transferable

- General Instruction:**
1. Fill the form in CAPITAL LETTERS only.
 2. Do not enter registration number & receipt number by yourself.
 3. The form must be duly filled and signed by the parents only.
- Note : Incomplete form will not be accepted.

Registration No: _____

Receipt No.: _____

(Office use)

(Office use)

Principal's Signature: _____

Date _____

Paste
Recent passport
size photograph
of father

Paste
Recent passport
size photograph
of mother

Paste
Recent passport
size photograph
of the child

Name of the student (Applicant): _____ Male/Female (Tick)

Date of Birth : Date Month Year

Date of birth: _____

(in words) : _____

Aadhaar Number :

Class to which Admission is sought _____ Age as on 31.03.25 : _____

Nationality: _____

Nursery Age (3 to 4) year

(4 to 5) Year LKG

Mother tongue : _____

Religion: _____

Blood Group: _____

Name of the school last attended: _____

Present Residential Address (PLEASE GIVE COMPLETE CORRESPONDENCE ADDRESS IN BLOCK LETTER):

_____ Pin _____

Landline No. : _____ Mobile No. : _____

Preferred Mobile Number for School SMS (Only one) : _____

WhatsApp No. for sending official communication from School : _____

E-mail ID for sending official communication from School : _____

School Specific Parameters

	Points	Marking Column (for office use)
a) Christian Minority	50	_____
b) Sibling : Yes / No <input type="checkbox"/> If yes siblings name _____ (only of biological / own brother sister) _____ Studying in New Stewart School, Cuttack Class / Section _____	10	□
c) School Alumni : Yes / No Name : _____		
i) Year of passing Std X (ICSE): _____	10	□
OR		
ii) Alumni who has read in school for at least five consecutive years specify _____		
d) Transferable job : _____ (Central / State Government Employee only)	10	□
e) Professionals: _____	10	□
f) Resident of Cuttack : _____	10	□

Father	Mother
_____	_____
Phone Number : _____	Phone Number : _____
Email id (in capital letters): _____	Email id (in capital letters): _____
_____	_____
(Kindly open an email id in case you do not have one)	(Kindly open an email id in case you do not have one)
Aadhaar Number : _____	Aadhaar Number : _____
Occupation/Business : _____	Occupation/Business : _____
Designation : _____	Designation : _____
Organisation where working : _____	Organisation where working : _____

Permanent Address :

Pin: _____

DECLARATION

I / We hereby certify that the above information provided by me / us is correct and I / We understand that if the information is found to be incorrect or false, my ward shall automatically be debarred from the selection / admission process without any correspondence in this regard. I / We also understand that the application / registration / short listing does not guarantee admission to my ward. I / We will accept the process of admission undertaken by the school and I/ We will abide by the decision taken by the school authorities.

	Name	Signature
Date: _____	Father: _____	_____
Date: _____	Mother : _____	_____

UNDERTAKING NO. - 1

Date _____

I know that New Stewart School, Cuttack is a Christian Minority Educational Institution. The School begins with assembly, where religious instructions are imparted in Christian manner. I voluntarily give my willingness on behalf of my ward to attend the above assembly.

I hereby undertake that my ward will attend the school assembly.

Name of Father : _____ Name of Mother : _____

Signature of Father : _____ Signature of Mother : _____

UNDERTAKING NO. - 2 (For Christian Students only)

Date _____

Scripture will be taught to Christian Students in lieu of Moral Science/Value Based Education.

Name of Father : _____ Name of Mother : _____

Signature of Father : _____ Signature of Mother : _____

UNDERTAKING NO. - 2

1. I Promise to abide by the rules of the school
2. I will regularly visit the School website for taking notes of school notice.
3. I hereby give my consent that I will have no objection towards the decision of enhancement of school fee or any genuine hike that may occur from time to time as per the decision of Justice K.P. Mohapatra Fee Structure Committee.
4. I will respond to all notices through sms from time to time.
5. I will attend all parent-teachers' meeting as and when informed by the school physically or virtual Parents-Teacher Meeting.
6. I will ensure that my ward will not carry single used poly pack to school for carrying tiffin/snacks/other articles.
7. I will ensure that my ward will attend On-line classes in the event classes are suspended due to any natural calamity or epidemic, I will ensure that my ward will write on-line examination in case classes are suspended.
8. In case of any child right violation happens to my child. I shall immediately report to ACPO (Assistant Child Protection Officer) of the School in written.
E-mail ID : _____ Phone No. : _____
9. To ventilate any other grievance, I will meet the Principal of New Stewart School, Cuttack on Wednesday between 5-6.30 PM. (This is without prior appointment)

Name of Student : _____

Date _____

Parents Signature



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Health Status

(Parents are requested to fill in each column carefully)

Name of the Child _____

Standard in which admission in sought _____

Height _____

Weight _____

Blood Group _____

Vision (L) _____ (R) _____

Oral Hygiene _____

Specify if child's is allergic to any drug / food Yes No

If yes give details

- Medication (in case the child is suffering from any chronic disease)

- State whether the child has been immunized with these vaccine

OPV		DPT		MMR		DT		BCG		HEPATITIS-B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

Any other health issue you would like to inform the school about

1 - Name of the drug to which child have reaction _____ (if any)

2 - Name of Doctor/Nursing Home / Hospital prefer the child to be refereed in case of any medical emergency _____

Emergency Contact Number _____

(Kindly inform the school if at any time the number changes)

I hereby certify that the above details submitted by me are true basing on medical records and doctor opinion.

Date: _____ Signature _____

Name of the Father

Date: _____ Signature _____

Name of the Mother

SUBMIT A MEDICAL FITNESS CERTIFICATE FROM CDMO / REGISTERED MEDICAL PRACTITIONER)