



AMBASSY KIDS & AMBASSY MILLENNIUM SR. SEC. SCHOOL

Ram Nagar Extension, New Sanganer Road, Sodala, Jaipur-302 019

Tel. : +91 141 2295836, 2294680 Fax : +91 141 2294947 E-mail : ambassyschool@gmail.com

APPLICATION FOR ADMISSION 20 - 20

ACADEMIC RECORD

Form No. <hr/> Date of Application <hr/>	Applied for Class : <hr/> Stream : <hr/>	Attach required Photograph Here
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Academic Record

(Last Qualifying Exam.)

1. Name of Student

2. Class

3. Stream

4. Percentage

5. Division

6. Name of School/College

Class and Faculty Alloted

(For College use only)

Receipt No.

 Date :

Amount

Cheque No.

Bank Name

Documents Submitted

Cashier

APPLICANT INFORMATION

Name

Father's Name

 Occupation

 Ph.

Father's Date of Birth

 Mobile

Mother's Name

 Occupation

 Ph.

Mother's Date of Birth

 Parent's Marriage Anniversary

 Mobile

Address

Language spoken at home

 Ph.

 Mobile

On which point will the Bus be boarded

 Ph.

 Mobile

Applicant Date of Birth

 Place of Birth

Whether : SC / ST / OBC

Subject Offered : (Only for Class XI & XII)

Optional 1.

 2.

 3.

 4.

Compulsary 1.

 2.

 3.

 4.



AMBASSY KIDS & AMBASSY MILLENNIUM SR. SEC. SCHOOL

DECLARATION

1. I have gone through the School Prospectus and I undertake to abide by the rules mentioned therein.

Date : _____

Signature of Student

2. I _____ Father / Guardian of _____ undertake to pay and guarantee to pay all the fees prescribed by the institution on the date. I also accept the responsibility for the conduct and behavior of my ward during the period of her studies at the institution.

Date : _____

Signature of Student

3. I _____ Father / Guardian of _____ undertake guarantee of 75% attendance in the academics session of my daughter / ward.

Date : _____

Signature of Guardian

DOCUMENTS REQUIRED

1. Two Stamp size and two passport size photographs.
2. Original Transfer Certificate.
3. Date of Birth Certificate, last qualifying exam if passed from other Board / University and 3 attested photocopies.
4. Students are advised to keep the original fee slip with them safely till the end of the session.
5. Students are advised to preserve at least 2 copies of their original documents before submission of the form.
6. 4 self addressed stamped envelopes.

NOTE : FEES ONCE DEPOSITED WOULD NOT BE REFUNDED.



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ACTIVITIES

Activities may include school student's club, sports, contests, hobbies, cultural, how you spend your leisure time or anything else you do that you want us to know about. PLEASE BE SURE TO INDICATE WHICH ACTIVITIES ARE MOST IMPORTANT TO YOU.

Activity Description :

- 1.
- 2.
- 3.

AWARDS

List any academic / non academic awards, honour, distinctions you have received if you think it would be helpful to us.

- 1.
- 2.
- 3.

LIBRARY SLIP

(To be filled by the candidate)

Session 20 - 20

Form No. _____

Name _____

Father's Name _____

Local Address _____

Ph.No. _____

Date _____

Date _____

Class _____

Faculty _____

Signature of Librarian

ADMISSION FORM RECEIVED

(To be filled by the candidate)

Session 20 - 20

Form No. _____

Name _____

Father's Name _____

Local Address _____

Ph.No. _____

Date _____

Date _____

Class _____

Faculty _____

Signature of Librarian