



# CRB PUBLIC SCHOOL

Recognized By: Education Dept. U.T. Chandigarh

Sector 7B, Chandigarh. Ph.: 0172-2795875, Mob.: 098151-32466

## ADMISSION APPLICATION FORM FOR SESSION 2026-27

### FOR OFFICE USE ONLY

Admission Number : ..... For Class : .....

Date of Admission: ..... Date of Joining : .....

Amount Paid : ..... Admission Category: General ☐ EWS ☐

### INSTRUCTIONS

1. Kindly fill the form in CAPITAL LETTERS.
2. Kindly fill the full form. Do not leave any column blank, else it will not be accepted.
3. You may write 'N/A' (not applicable), if the information asked is not relevant in your case.
4. Use single blue ballpoint pen only for filling up the form.

Paste Latest  
Photograph  
of student with  
Name and Date

### DETAILS OF THE STUDENT

(Please leave one box blank between each word) e.g.

P A R V E E N S H A R M A

Name :

Gender : M ☐ F ☐ T ☐ Date of Birth (in numbers) :         Age on 01.04.2026 :

Date of Birth (in words) : .....

Religion : ..... Place of Birth : ..... Nationality : .....

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

Mother Tongue : ..... Language(s) Spoken at Home : .....

Permanent Education Number (PEN) as per UDISE :

Aadhaar Card Number :

Residential Address (Current) :

PIN :

Mobile No. (at residence) :  Whatsapp Mobile Number :

Permanent Address (If Different) :

PIN :



**DETAILS OF THE GUARDIAN** (ALL IN CAPITAL LETTERS)

To be filled if the student lives/will live with a local guardian, write N/A if not applicable

Guardian's Name : Relation (with the student) : Mob. No. (Personal) :  2nd M. No. : E-mail Id : Address :  PIN : Paste Latest  
Photograph**MEDICAL/ HEALTH RECORD** (Attach the medical history, reports or certificates, if any)

Blood Group : ..... Allergies (If any) : .....

Physical disability/ Special needs/Significant Medical History (If any) : .....

Family Doctor's Name and contact (If any) : .....

Does the child face any issue doing Physical Activities? Yes ☐ No ☐**REFERENCES & CONTACTS** (Do not leave the column blank)

Kindly mention two emergency contacts other than parents.

Sr. No.	Name	Relation (with the child)	Contact Number	Correspondence Address
1.				
2.				

**SIBLING'S/RELATIVES/ALUMNI INFORMATION** (Write N/A if not applicable)

Siblings/Relatives/Alumni Who are studying /have studied in CRB Public School (if any)

Sr. No.	Name	Relation (with the child)	Class	Year of Joining/ Year of Leaving
1.				
2.				

Siblings who are Enrolled in Different Schools (Other than CRB Public School)

Sr. No.	Name	Relation (with the child)	Age & Class	Name of the School
1.				
2.				

## SOLE POINT OF CONTACT (SPOC) NOMINATION

What is a SPOC?

SPOCS ensure joint hand-holding of the child from both the ends together (i.e. the school and the home). Hence, the Home SPOC and the School SPOC work together for the child's improvement and hold a joint responsibility in the areas of schooling. Parents are requested to nominate Home SPOC (the person who will be coordinating with the School SPOC) by filling in the following details.

### SPOC Nominated from Home :

(to be filled by the parent or person responsible for the student's education)

Main Home SPOC's Name : .....

Relation with the Child : .....

Mobile Number : .....

Email ID : .....

**A SPOC from school will be duly assigned by the school for the holistic development of the student. The school will coordinate with Main Home SPOC only.**

## STATEMENT OF DECLARATION

I/We as the father/Mother/Guardian request you to kindly register my son/ daughter / ward ..... for admission to class ..... in session 2026-27. I have read the school prospectus and school almanac and I shall abide by the rules laid down there in or as modified by the school authorities from time to time. I have been made aware of the age criteria for admission to classes as per the latest NEP-2020 guidelines by the school. The school will not be held liable in case of any discrepancies regarding the same. I have read the policies, fee structure, infrastructure, facilities, transport etc, carefully and have understood them, including that the admission fee once paid/deposited shall not be refunded. I/We understand to make timely payment of fee as per fee cycle of the school. I/We understand that the school policies need to be adhered to once the admission is done. The school will not be held liable for any damage or charges incurred on account of any injuries which may be sustained by the student at any time during his/her stay in the school. This also includes travel in school buses/van. In the event of any violation of the school's code of conduct by my ward, the DECISION OF THE PRINCIPAL WILL BE FINAL AND BINDING. I/We further certify that the information furnished by me/us in this form is true and correct to my/our knowledge and no part of it is false and nothing material has been concealed therein.

Date : .....

Place : .....

.....  
(Father's Signature)

.....  
(Mother's Signature)

.....  
(Guardian's Signature)

(If Applicable)

Mob. No. : .....

Mob. No. : .....

Mob. No. : .....

## DOCUMENTS REQUIRED

1. Date of Birth Certificate, attested by Gazetted Officer or Notary (for Class Nursery to K.G)
2. Report Card (For Class L.K.G to VIII)
3. School Leaving Certificate along with PEN (Permanent Education Number)
4. Three coloured Photographs of student
5. Photocopy of Aadhaar cards of Parents & Student
6. Blood group report of Student.