

Detail of Siblings

Name of Student	School Name	Present Class	Remarks (if any)

Please mention if your child has/had any medical condition, special needs or allergies. Share any information useful to the school:

Declaration

a. I hereby declare all the aforementioned information provided is accurate and correct to the best of my knowledge.

b. I have read the Rules and Regulations as printed in RAST Schooling System prospectus/ Identity Card/Bank Challan, and other relevant documents and will comply to the best of my ability.

Name

Date

Relation

Signature

FOR OFFICE USE ONLY

Admission Office Remarks: _____

Admission No: _____ Class: _____ Section: _____

Receipt No: _____ Date: _____

Principal's Remarks: _____

Signature: _____ Date: _____