

STAMFORD COLLEGE

Head Office

No.863/1, Peradeniya Road, Kandy.
Tel: 081-2085988 / 081-4954370
Email: stamfordcollegekandy@gmail.com

ADMISSION FORM

													_							
For Office Use Only:					_															
Admission No:																				
Grade of Admission:																DL	ЮТ	\cap		
Date of Admission:									11.	101	O									
All necessary payment	s for	adm	issic	on ha	ive l	oeen	mac	le												
Receipt No:																				
Signature of Registrar																				
CANDIDATE INFO	ORM	ATI	ON																	
Tick (\checkmark) in the boxes wherever necessary. Write in BLOCK letters																				
Surname																				
Other Names:																				
Date of Birth:	D	D	M	M	Y	Y	Y	Y	N	atio	nalit	y:								
Gender:	M F Religion																			
Residential Address:																				
E mail:		-															-			
		1									1									
Telephone Number:																				
Grade/ Class applying for	:			Sri	i Laı	nkar	ı Cuı	ricu	lum	•]	Lone	don (Curi	ricul	um:		

PARENTS' INFORMATION

A. FATHER Name (with initials) Educational Qualification Religion Nationality: NIC / Passport Number: Profession/ Business Designation Organization Annual Income: Office Address Telephone Number: E mail: **B. MOTHER** Name (with initials) Educational Qualification Religion Nationality: NIC / Passport Number: Profession/ Business Organization Designation Annual Income: Office Address Telephone Number: E mail:

C. GUARDIAN Name (with initials) Relationship to Candidate **Educational Qualification** Religion Nationality: NIC / Passport Number: Profession/ Business Designation Organization Annual Income: Office Address Telephone Number: PREVIOUS SCHOOLS ATTENDED (IF APPLICABLE) A. Name & Address of School Period From D To: D В. Name & Address of School Period From To: D D C. Name & Address of School Period From D To: D SIBLING INFORMATION Name Age

PARENTS' INFORMATION

School:

DOCUMENTS CHECK-LIST

Please attach the following documents along with the application form.

- a. Original & photocopy of student's Birth Certificate
- b. Extra copy of recent passport sized photograph
- c. Student's school leaving certificate
- d. Character certificate of the student

CONDITIONS OF ADMISSION

- 1. All students should attend school punctually and regularly. Absence upto two days should be supported by a **letter of excuse** from parent/ Guardian, while absence involving three days and more should be supported by a **Medical Certificate**.
- 2. All students should attend school in **School Uniform** (inclusive of tie and School Badge) and bring with them all equipment, inclusive of books, P.E kit etc., necessary for the day.
- 3. **School Fees** for term or month should be paid on or before the due date. Otherwise the payment is subject to late fees.
- 4. In the event of a student being removed from school, two months notice in writing shall be given.
- 5. Parents should co-operate in the supervision of homework and help in maintenance of discipline and conduct of students both in and out of school.
- 6. Parent / students should accept and be guided by the rules and regulations of the school.
- 7. Parents should attend and constructively participate in **parents meetings** as and when requested by the school.
- 8. Parents should notify the school office of any change of address, telephone number or any other pertinent information.
- 9. The admission fee and School fees will not be refunded under any circumstances.
- 10. The **original receipt** needs to be submitted when claiming the **refundable deposit**.

DECLARATION

- •All the information stated in the application form is correct.
- •I will submit all the documents required for my child's at the admission.
- •I accept all school rules and will cooperate with the school in applying them.
- •I will pay the school fees on time according to schedule.

Signature of parent:

Name :	Date : /
OFFICE USE ONLY	
Administrative Coordinator/ Registrar Stamford College	
Please admit	to Grade
Date: D D M M Y Y Y Y	Principal