



VOLCANIC CLASSES

Address: Krishna Nagar Giridih Jharkhand Email: admission@volcanicclasses.com Contact: 7808720214

APPLICATION FORM FOR ADMISSION

Personal INFORMATION: Student

Student Name:

Nationality:

Date of Birth:/...../..... (Day/Month/Year) Sex: ☐ Male ☐ Female

Student Email:

Personal INFORMATION: Family

Mother's Name:

Father's Name:

Current Contact Details (please complete all)

Home Phone: Email:

Mother's Mobile: Father's Mobile:

STUDYING SCHOOL : STUDENT

School Name:

Address:

Dates: From (Month/Year)/..... To (Month/Year)/..... Grade/Class:

Type of curriculum (e.g. CBSE, ICSE, STATE BOARD):

Please list the child's particular interests/talents, or school activities in which they have been involved?
.....

ADMISSIONS INFORMATION

Preference for Course :

Expected Date of Enrollment:/...../..... (Day/Month/Year)

TUITION FEE INFORMATION

Fee Payment: by Parent ☐ by Student ☐

Billing Name (Preferred student Name):

Billing Email Contact:

Billing Amount:

For further information or discussion, please contact our Manager at admission@volcanicclasses.com.

REQUIRED DOCUMENTATION FOR ADMISSION

1. Application Form
2. Submit recent Passport Photos.
3. Adhaar Card

AGREEMENT BETWEEN THE INSTITUTE & PARENTS/GUARDIANS

To the Manager

I/we desire to enroll

.....
(student Name)

as a student at the Volcanic Classes. If this application is successful, I/we hereby agree to the following conditions of enrollment:

1. I/we agree to understand, accept and support Volcanic Classes and be bound by the rules governing the Institute, the authority of the CEO, Manager and faculty of the Institute.
2. I/we agree that the Institute reserves the right, following admission, to discontinue the enrolment of a student at any time if it becomes evident that the Institute was misinformed regarding any application documentation or it becomes evident that the Institute does not have the resources to address successfully the individual needs of that student.
3. I/we have read and fully understood the terms and conditions listed in the Fee Schedule for the current course.
4. I/we agree to pay all fees as detailed on fee invoices and I/we understand that the non payment on or before the requested date excludes the student from attending Volcanic Classes. It is our obligation to ensure the fees due are paid on time.
5. I/we agree the Institute may at its discretion, suspend or terminate a student's enrollment for failure to comply with the conditions of this Agreement, as well as for other serious breaches of the Institute's rules and regulations.
6. I/we agree to have our contact details published in the Institute directory unless otherwise notified by us in writing to the Institute.
7. I/we agree that student photographs, images and recordings can be used for Institute marketing materials.
8. I/we do hereby undertake to indemnify and save harmless the Institute, management and staff in respect of any liability arising in any consequences

.....
Signature of Father

.....
Signature of Mother

.....
Date