

RAMA SCHOOL, BAD ENDBACH, GERMANY

ENROLMENT FORM [Please fill in block capitals]

Affix a passport size
photograph here

Student Sahaja Name: _____ - _____ Sex: _____

Student Passport Name: _____

Student Surname: _____

Date of birth (d/m/y): _____ Place of birth: _____ Country: _____

Nationality: _____ Passport No.: _____

Date of issue: _____ Date of Expiry: _____

Mother tongue: _____ Knowing English: _____

Now studying in class: _____ Class to which admission is sought: _____

Family background:

Father's name: _____

Mother's name: _____

Nationality: _____

Nationality: _____

Occupation: _____

Occupation: _____

Age: _____

Age: _____

In Sahaja Yoga? [Y/N] _____ Since _____
[Year]

In Sahaja Yoga [Y/N] _____ Since _____
[Year]

Tick all the boxes that describe your family situation:

- | | | |
|--|---|---|
| <input type="checkbox"/> Parents have joint custody of child | <input type="checkbox"/> Father has custody | <input type="checkbox"/> Mother has custody |
| <input type="checkbox"/> Both parents are living together | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Parents are separated |
| <input type="checkbox"/> Mother is remarried | <input type="checkbox"/> Father is remarried | <input type="checkbox"/> Mother/Father deceased |

Please give other relevant details? _____

Do you face any resistance from family members to your child studying at the school? yes no

If 'yes', please give details: _____

Candidate history and background:

Does your child understand and speak English? _____

Do they read and write proper English easily? [Class 4 onwards] [Give details if necessary]

Do they attend the Sahaja Yoga Centre regularly? _____

Does your child meditate twice a day at home?

Does your child do Sahaja treatments [e.g. foots oaks] at home regularly? _____

Has your child previously been expelled, rusticated or suspended from another school? yes no

If 'yes', please give details: _____

Does your child suffer from any health problems? yes no ♦ Do they wear braces or glasses? yes no

If 'yes' on either count, please give details: _____

Is there any other information about the child that you feel the school should know? _____

Parents' Mailing address/es [please write clearly in block capitals]: _____

Email: _____

Permanent Address: _____

TEL: _____ Mobile: _____

For the application to be valid please enclose: [Will be submitted shortly, after hearing from school]

1. A letter from the parents stating the child is in good health. If there is a health problem a doctor's report must be included.
2. A copy of the child's vaccination report.
3. A letter from the parents stating the child's teeth are in good condition. If there is a problem [braces, ongoing treatment etc] a dentist's report must be included.
4. Previous Achievement and Progress Reports ie. Borotin, Cabella and Devi School Report.
5. Ppassport sized photos.

FOR FOREIGN STUDENTS: COPY OF PASSPORT & ADDRESS PROOF OF PARENT & STUDENT ARE MANDATORY

Parents' Declaration:

I declare the above information to be true and correct to the best of my knowledge. I shall arrange to bring my child back from school if I get the report that he is repeatedly disturbing the collective, after warning from the Principal.

Place: _____

Name of Parent: _____

Date: _____

Signature: _____

National Leader's Declaration:

Name of National/ Center Co-ordinator/Leader: _____

Address and Phone no. of National/ Center Co-ordinator / Leader-----

Student's Declaration:

I promise to abide by the school rules. I shall always participate in collective activities to grow in Sahaja Yoga. I understand if I repeatedly misbehave and destroy other people's work, I shall receive warning/ warnings from the Principal, after which I am not allowed to stay in the school.

Place: _____

Name of Student: _____

Date: _____

Signature: _____