FORUM OF PUBLIC SCHOOLS (REGD.)

MEMBERSHIP FORM

NAME OF SCHOOL _____

ADDRESS _____

_____

PHONE _____ FAX _____

WEBSITE _____ E-MAIL _____

I. GENERAL INFORMATION

a) Name of the Society / Trust with complete address:
Name and address of the Chairperson
Email:
Phone:

b) Name and address of Principal :
Phone:
Fax:
Email:

c) CBSE Affiliation No. _____

II TYPE OF SCHOOL :

a) (I) (a) Only Boys ☐ (b) Only Girls ☐ (c) Co-ed ☐

(II) (a) Day School ☐ (b) Residential ☐

b) Year of establishment _____

c) Curriculum followed in the school:

(i) International ☐ (ii) ICSE ☐ (iii) State ☐ (iv) CBSE ☐ (v) _____ (Other)

d) (i) If International, specify which body you are associated with:

_____

(ii) Specify from which class is the International curriculum followed:

_____

e) Range of Classes:

(i) Nursery to 5th ☐ (ii) Nursery to 10th ☐

(iii) Nursery to 12th ☐ (iv) _____

III. DETAILS OF STUDENTS:	Nursery	Primary (I to V)	Secondary (VI to X)	Higher Secondary (XI to XII)
(i) Total numbers of students in school				
(ii) Average no. of students in a section				

IV. a) INFRASTRUCTURE AND FACILITIES:

Campus area of the school (in acres)	
Total built up area (in. sq. feet)	
Number of Auditoriums with seating capacity	
Number of laboratories of different subjects	
Number of class rooms	
Number of IT enabled learning rooms	
Area of Play grounds	

b) Tick the facilities that are available in your campus: (Including tie-ups with independent service providers)

FACILITIES	OWN	TIE UP	NA
Cricket Ground	☐	☐	☐
Basket Ball Court	☐	☐	☐
Football Ground	☐	☐	☐
Swimming pool	☐	☐	☐
Lawn Tennis Court	☐	☐	☐
Badminton Court	☐	☐	☐
Gymnasium	☐	☐	☐
Any other	☐	☐	☐

c) Do you have dedicated space(s) for the visual / performing arts?
If yes, give details _____

V. DETAILS OF TEACHER

Total number of full time teachers:	
Total number of office staff:	
Total number of visiting faculty members:	

VI. GIVE DETAILS OF ANY OUTSTANDING AWARD/ PROJECT IN THE FIELD OF EDUCATION. (ATTACH A SHEET)

_____

_____

_____

VII. HOW CAN YOU CONTRIBUTE TO THE "FORUM OF PUBLIC SCHOOLS"?

_____

_____

_____

Seal of the Institution

Date : / / **Signature of the Principal**

_____

FOR OFFICE USE ONLY

_____ has been accepted as a member of **FPS**

w.e.f. _____

A sum of _____

has been deposited as membership fee.

_____ _____ _____

SECRETARY **TREASURER** **CHAIRPERSON**

Date : _____