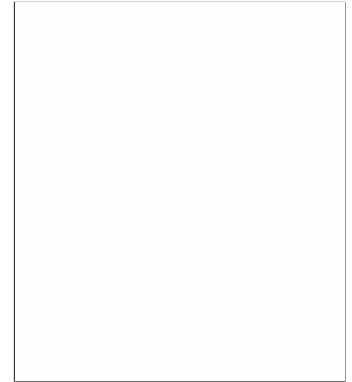


ADMISSION FORM

Instructions:



- I. Form to be filled neatly and legibly.
- II. Form to be filled in block letters with the use of a black / blue ball point pen only.
- III. Form to be filled by the parent / guardian.
- IV. Ensure you attach all the necessary documents given in the checklist.

1. Name of the Child (Full name in block letters) :

2. Date of Birth (dd/mm/yyyy format only) : _____

3. Place of Birth : _____

4. Place of Origin : _____

5. Age in years : _____ Months : _____ Gender : Male / Female

6. Religion : _____ Nationality : _____

7. Mother tongue : _____

8. Blood Group : _____

9. Medical Details :

a. Allergies (if any): _____

b. Surgeries (if any): _____

c. Chronic Illness(if any) : _____

d. Immunization : YES / NO

(Kindly attach a copy of the immunization record along with the admission form)

10. Father's details

a. Name : _____

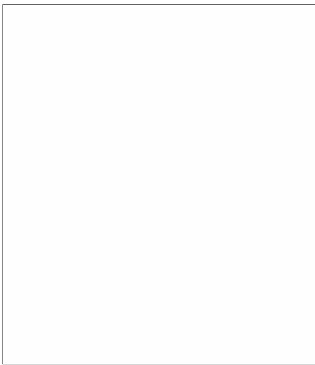
b. Qualification : _____

c. Occupation : _____

d. Place of work : _____

e. Official address : _____
_____ Email ID : _____

f. Phone No. : _____ Mobile No : _____



11. Mother 's details

a. Name : _____

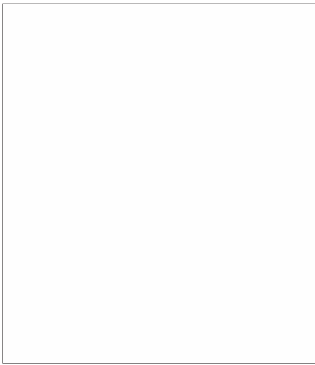
b. Qualification : _____

c. Occupation : _____

d. Place of work : _____

e. Official address : _____
_____ Email ID : _____

f. Phone No. : _____ Mobile No : _____



12. Residential address : _____

13. Residential Phone No : _____

14. Sibling details

Sl No.	Name of the Child	Gender	Age	Class	School

15. If the child (applicant) has attended school / day care previously : Y / N
(If yes , kindly fill in the below details)

a. Name of the school / day care : _____

b. Duration : _____

c. Class attended
: _____

16. Emergency Contact Details

(This detail will be used during emergency when both parents are not available)

(a). Address : _____

(b). Phone No. : _____ Relationship with the child _____

(c). Phone No. : _____ Relationship with the child _____

17. Guardian Details

(To be filled in case the child is taken care by the person other than the parents)

(a). Name : _____

(b). Relationship with the child : _____

© Phone No. : _____ Mobile No. : _____

CHECKLIST

- | | | | |
|--------------------------------------|--------------------------|---|--------------------------|
| (a) Birth Certificate * | <input type="checkbox"/> | (b) Immunization record * | <input type="checkbox"/> |
| (c) Transfer Certificate (if any) ** | <input type="checkbox"/> | (d) 4 copies passport photos of the child | <input type="checkbox"/> |
| (e) Progress report (if any) ** | <input type="checkbox"/> | (f) Passport (for foreign students) * | <input type="checkbox"/> |
| (g) Any other medical report * | <input type="checkbox"/> | | <input type="checkbox"/> |

Note : * Submit Photocopy ** Submit Original

FOR OFFICE USE

Remarks : _____

Date :

Signature :

DECLARATION BY PARENT / GUARDIANI

..... Parent / Guardian of
.....do hear by understand and
accept the following fully :-

- (a) I certify that the above information is correct and affirm that i will abide by the rules and regulation set by the school.
- (b) In case of any accidents or illness, the school authorities may take the child to the hospital / nursing home as per the condition of the child.
- (c) I will not hold the school authorities responsible for injuries / death of my ward by events that are accidental in nature.
- (d) I will allow the school management to take pictures of my child at school and can be used for school prospectus, school magazines only by keeping me informed before the use.
- (e) The documents submitted with this form as mentioned in the checklist of my child are authentic originals or true copies of the documents.
- (f) I hearby state and declare that should I or my child not fuffill any one of the above conditions fully or partially or have furnished false documents or incorrect information , then school authorities have the right to strike off the name of my child from the school rolls and my child will be considered withdrawn from the school by me.

Date :

Signature of Parent / Guardian: