

ADMISSION FORM FOR SESSION :

ADMISSION SOUGHT FOR :

CLASS TO WHICH ADMISSION IS SOUGHT:

PERSONAL DETAILS OF THE CHILD (IN BLOCK LETTERS)

FULL NAME:

SEX: MALE FEMALE

DATE OF BIRTH: DAY MONTH YEAR

AGE AS ON 31st March.....



PLACE OF BIRTH

CITY:..... STATE:.....

COUNTRY: NATIONALITY:

PERMANENT ADDRESS:

..... PIN CODE:

MAILING ADDRESS:.....

..... PIN CODE:

Phone No.: RES:

MOBILE:

NAME and ADDRESS of previous school attended

S. No.	Name	Address	From	To

WAS THE LAST ATTENDED SCHOOL RECOGNIZED? Yes No

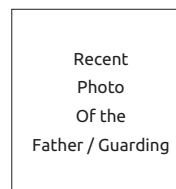
IF YES, THEN WHICH BOARD WAS THE LAST SCHOOL RECOGNIZED BY
.....

IS TRANSFER CERTIFICATE FROM THE SCHOOL AVAILABLE? Yes No

SIBLING INFORMATION

S. No.	Sex	Age	School/ Institution

PARENT/ GUARDIAN DETAILS:



	Mother/ Guardian	Father/ Guardian
Name		
Educational qualification		
Profession		
Address (residence)		

Name, Address and Telephone no. of the person to be contacted in case of Emergency. (In case parents cannot be contacted)

Name:

Address:

Relation with the child:

Phone No.: RES:

MOBILE:

TRANSPORT

I would like to avail the transport facility for my child as per the rules and regulations of the school. He/ She will be picked up from the nearest bus point as decided by the school.

Preferred Location:

I hereby agree to pay the transport charges according to the school fee rules.

Note: Only the Pre primary children will be picked up & dropped from the residence.

TRANSITION FEE

Please Note: In case your child move's from raj nagar to the Ran Nagr extn. campus, a transition fee will be applicable (as decided to the management)

I would not like to avail the transport facility. I will be responsible for pick up & drop from the school.

DECLARATION

I hereby declare that the information given by me is true to the best of my knowledge and if any of this information is found to be false, this application is liable to be cancelled. I shall abide by the decision of the school in all matters. I shall also abide by the Fee Deposit Rules of the School. I understand that fee may be revised from time to time and I agree to the decision taken by the school management in this regard.

.....
Date

.....
Father's Signature

.....
Mother's Signature

OTHER INFORMATION

Family type: Joint Nuclear Single parent

Incase the parents are separated or divorced please indicate the legal status of the child in terms of custody & access to parents:

.....

Has the child undegone any trauma / tragedy in the past 1 year? If yes, please indicate.

.....

Incase the parents are separated or divorced please indicate the person responsible for payment of fee.

.....

Please elaborate how much time to you spend with your child:

Reading a book Playing in the park/ garden
 Taking her/ him for a nature walk For value education

How much time does your child spend in physical activity?

What is your child's favorite sport?

How much time is spent on T.V. / Computer?

Description of the child

A. Temperament & personality:

B. Aptitudes & interests:

C. Academic profile:

What qualities do you see as important for your child in life?

INTERESTS AND HOBBIES:

(Sports, game, music, dance, theater etc.)

Health info:

A. Serious illness if any:

B. Undergone any surgery :

C. Physical weakness / allergies if any, that require special medical attention:

Any other information you would like to share with us:

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DOCUMENT CHECKLIST

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Photograph of Child | | | | |
| Passport size (3 each) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Postcard size (3 each) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Parents photograph (1 each) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Birth Certificate of the child | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Transfer Certificate (from class II onwards) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Past School Report Card (class IV onwards) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

* Please attach an attested copy of the DOB certificate

* In case admission is sought for senior classes, please submit 'Statement of marks' for the previous class attended & also the Transfer Certificate.

For Office Use Only:

Documents have been checked and accepted.

.....
 Authorized Signatory

.....
 Admissions Officer

I.D. FORMAT

NAME: _____

CLASS: _____ TRANSPORT: _____

ADDRESS: _____

FATHER NAME: _____ CONTACT NO.: _____

MOTHER NAME: _____ CONTACT NO.: _____

EMAIL ID: _____

