



FOR OFFICE USE ONLY

Admission No:		Date of Admission:	
Grade admission granted to:		Registration Fees Paid	Yes No
Signature of Principal:			

APPLICATION FOR ADMISSION			No:
Name of Student			Affix a recent passport size colour photograph here.
Age & Date of Birth		Sex: M F	
Blood Type			
Place of Birth			
Mother Tongue			
Nationality			

DETAILS OF PARENTS	FATHER	MOTHER
Name		
Occupation		
Educational Qualification		
Residential Address	Office Address	Communication Address
Date of birth		

Mobile		
Landline:	Email:	
Class to which admission is sought:	Class & School Studied in previously:	First Language:

ADDITIONAL PERSONAL DETAILS

HEALTH-RELATED DETAILS						
Does your child have any food/medicine allergy?						
Has your child had a dental check-up?						
Does your child have a history of?	Measles	Y	N	Jaundice	Y	N
	Chicken Pox	Y	N	Other illness	Y	N

FAMILY-RELATED DETAILS	
What kind of family do you live in?	Joint Family Nuclear Family
How many siblings does your child have?	
Parents' Anniversary Date	

ACTIVITIES AND INTERESTS	
What activities are your child proficient in?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Drawing Singing Sports Crafts </div> <div style="width: 45%;"> Reading Games Swimming Cycling </div> </div> <p>If others, specify:</p>

OTHER DETAILS	
How would you describe your child?	
Is there something that bothers you about your child?	
Have you observed any special inclination of talent in your child?	
What are your expectations from your child's school?	

DECLARATION

I, _____, Father/Mother/Guardian of _____, hereby declare that all the information furnished above is true to my best knowledge.

Place:

Date:

Signature of Parent/Guardian

Thank you for filling the form. Please submit the form to our office along with the application fee of Rs 500/-.