



### ADMISSION FORM

Admission No: \_\_\_\_\_

Date of Admission : \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Child's Photo



Father's Photo



Mother's Photo

Name of the Student: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender: Male Female

Siblings in the school: Yes No

If Yes, please furnish the details as below :

- Name of the Sibling: \_\_\_\_\_
- Grade Studying in: \_\_\_\_\_

### Details of the Parents/ Guardian

#### Father's/ Male Guardian's details

1. Name: \_\_\_\_\_  
First Name Middle Name Surname
2. E-mail id : \_\_\_\_\_
3. Mobile Number : \_\_\_\_\_

#### Mother's/ Female Guardian's details

1. Name: \_\_\_\_\_  
First Name Middle Name Surname
2. E-mail id : \_\_\_\_\_
3. Mobile Number : \_\_\_\_\_





**Current Address details :**

\_\_\_\_\_

\_\_\_\_\_

Nearest Landmark : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_

**Medical History of the Child**

- Hearing Disability – Yes / No
- Vision Impairment – Yes/ No
- Any Allergies – Yes/ No ; Details of the Allergy \_\_\_\_\_
- MOTOR MILESTONES (Approx Months) :**
- Sitting : Normal / Delayed
- Standing : Normal / Delayed
- Walking : Normal / Delayed
- Speech : Normal / Delayed
- Any medication taken for any medical conditions, s.a attention deficit / thyroid (hypo/hyper) / any other condition : \_\_\_\_\_
- Any Medication taken for general well being : \_\_\_\_\_

**DECLARATION**

**ENCLOSURES**

- Birth Certificate
- Passport Size photos of child
- Passport Size photos of the parents/ guardians
- Adhar card copy of parents

I, \_\_\_\_\_ have the authority to admit my child /ward \_\_\_\_\_, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date: \_\_\_\_\_

Signature of Parent / Guardian  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_

