

## 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) :

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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):

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b. Surgeries (if any):

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c. Chronic Illness(if any) :

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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 : \_\_\_\_\_

c. Phone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**CHECKLIST**

(a) Birth Certificate \*

(b) Immunization record \*

(c) Transfer Certificate (if any) \*\*

(d) 4 copies passport photos of the child

(e) Progress report (if any) \*\*

(f) Passport ( for foreign students ) \*

(g) Any other medical report \*

**Note :** \* Submit Photocopy \*\* Submit Original

**FOR OFFICE USE**

Remarks :

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Date :

Signature :

**DECLARATION BY PARENT / GUARDIAN**

I ..... 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 any kind of mishap of my ward by events that are accidental in nature.

(d) I shall permit 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 hereby state and declare that should I or my child not fulfill 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: