

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.



Photo of the Child

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

2. Date of Birth : / / 3. Age : years months 4. Gender:

5. Place of Birth : 6. Nationality :

7. Mother Tongue : 8. Blood Group :

9. Medical Details :

<p>a. Allergies (if any)</p>	<p>b. Surgeries (if any)</p>	<p>c. Chronic Illness (if any)</p>	<p>d. Immunization</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(Kindly attach a copy of the immunization record along with the admission form)</p>
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10. Father's details

a. Name :

b. Occupation :

c. Place of work :

d. Office address :

e. Email : f. Contact no. :



Photo of the Father

11. Mother's details

a. Name :

b. Occupation :

c. Place of work :

d. Office address :

e. Email :

f. Contact no. :



13. Sibling details

Name of the Child	Gender	Age	Class	School

14. a. Residential address :

b. Contact no. :

15. 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. Contact no. :

16. Emergency Contact Details (This detail will be used during emergency when both parents are not available)

a. Name :

b. Relationship with the child :

c. Contact no. :

a. Address :

17. If the child (applicant) has attended school / day care previously : Yes No
(If yes , kindly fill in the below details)

a. Name of the school / daycare :

b. Duration :

c. Class attended :

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"/> | | |

Note : * Submit Photocopy ** Submit Original

DECLARATION BY PARENT / GUARDIAN

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:

FOR OFFICE USE

Date :

Signature of School Representative: