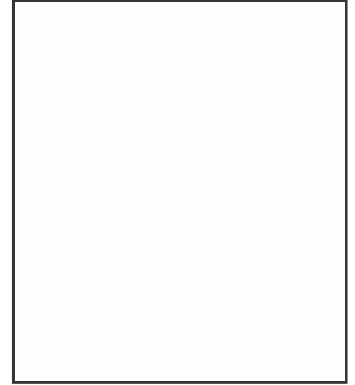


## ADMISSION FORM

### 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) :

\_\_\_\_\_

2. Date of Birth (dd/mm/yyyy format only) : \_\_\_\_\_

3. Place of Birth : \_\_\_\_\_

4. Age in years : \_\_\_\_\_ Months : \_\_\_\_\_ Gender : Male / Female

5. Religion : \_\_\_\_\_ Nationality : \_\_\_\_\_

6. Mother tongue : \_\_\_\_\_

7. Blood Group : \_\_\_\_\_

8. Medical Details :

a. Allergies (if any): \_\_\_\_\_

b. Immunization : YES / NO

(Kindly attach a copy of the immunization record along with the admission form)

9. Father's details

a. Name : \_\_\_\_\_

b. Qualification : \_\_\_\_\_

c. Occupation : \_\_\_\_\_

d. Place of work : \_\_\_\_\_

e. Official address : \_\_\_\_\_

\_\_\_\_\_ Email ID : \_\_\_\_\_

f. Phone No. : \_\_\_\_\_ Mobile No : \_\_\_\_\_

10. Mother 's details

a. Name : \_\_\_\_\_

b. Qualification : \_\_\_\_\_

c. Occupation : \_\_\_\_\_

d. Place of work : \_\_\_\_\_

e. Official address : \_\_\_\_\_

\_\_\_\_\_ Email ID : \_\_\_\_\_

f. Phone No. : \_\_\_\_\_ Mobile No : \_\_\_\_\_

11. Residential address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Residential Phone No : \_\_\_\_\_

### 13. Sibling details

Sl No.	Name of the Child	Gender	Age	Class	School

14. 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 : \_\_\_\_\_

### 15. 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 \_\_\_\_\_

### 16. 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) 4 copies passport photos of the child

**Note :** \* Submit Photocopy

The documents submitted with this form as mentioned in the checklist of my child are authentic originals or true copies of the documents.

Date :

Signature of Parent / Guardian:

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### FOR OFFICE USE

Remarks : \_\_\_\_\_

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Date :

Signature :