



ADMISSION FORM

Admission No. _____ (to be filled by office)

Form No. _____ (to be filled by office)

Passport Photograph
of the Child

Passport Photograph
of the Mother

Passport Photograph
of the Father

INFORMATION ABOUT THE CHILD:

Last Name

First Name

Gender

Male Female

Date of Birth

DD MM YYYY

Date of Birth in words

Age on 1st April, 2017 : _____yrs _____ months

Class for which admission is sought

Religion

Nationality

SC/ST

Yes No

RESIDENTIAL ADDRESS:

Tel.:
Email:

CORRESPONDENCE ADDRESS:

Tel.:
Email:

Preferred Phone Number for School SMS

Emergency Contact Numbers (Mobile Nos.)	Name of the person to be contacted	Relationship

FAMILY CREDENTIALS:

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income	Tel:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income	Tel:	

FOR OFFICE USE ONLY

- Medical form Birth / Transfer Certificate Transportation form Admission fees

Admission co-ordinator
Date: _____

Head of the Institution
Date: _____

SCHOOL

(i) Previous School (if any) attended:			
School transfer certificate submitted in original	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
(ii) Details of sibling(if any):			
Name of the Child:	Age :	Name of the School:	Class
Transport Required: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Areas in which you could contribute to enrich school life in terms of time, skills etc **(Please tick)**

Cultural <input type="checkbox"/>	Medical <input type="checkbox"/>	Media <input type="checkbox"/>	Professional <input type="checkbox"/>	Sports <input type="checkbox"/>	Academics <input type="checkbox"/>	Outdoor activities <input type="checkbox"/>	Camps <input type="checkbox"/>
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SIGNATURES

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

I have read and do hereby consent to the terms and conditions enclosed with the registration form.

Signature of Mother / Guardian

Date: _____

Signature of Father / Guardian

Date: _____