



ADMISSION FORM Session _____ Class _____ Adm. No. _____

Affix photo of
Child

Affix photo of
Father

Affix photo of
Mother

Affix photo of
Guardian

Note : Please use capital letters only.

A. INFORMATION OF THE CHILD

First Name _____ Middle Name _____ Last Name _____

Gender Male Female Date of Birth DD MM YYYY Date of Birth (in words) _____

Place of Birth _____ Nationality _____ Caste _____ Religion _____

Aadhar Number _____ Category SC/ST OBC GEN OTHERS

Languages Known _____ Mother Tongue _____ Blood Group _____

Correspondence Address _____

Permanent Address _____

Name of Previous School & Class _____

Previous School SRN No. _____

Achievements (Sports/Academic) _____

Distance from school (in kms): _____ Preferred Mobile Number for school SMS: _____

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship

B. FAMILY INFORMATION

1) Father/Guardian:

Name:	D.O.B.:
Highest Qualification:	PAN No.:
Occupation:	Office Address:
Designation:	
Annual Income:	Tel: Mobile No.:
Aadhar Number	Email:

2) Mother/Guardian:

Name:	D.O.B.:	
Highest Qualification:	PAN No.:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	Mobile No.:
Aadhar Number	Email:	

3) Single Parent:

Tick one, only if applicable

Father	Mother
<i>(if child is sponsored (Name of sponsoring agency and contact No))</i>	
Permanent Address:	

Sibling details:

Name	Age	Name of the Institution	Class	SRN No.
1.				
2.				
3.				

C. ENCLOSURES (All documents are mandatory to be submitted at the time of admission)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Vaccination Card Copy | <input type="checkbox"/> Report Card | <input type="checkbox"/> Character Certificate |
| <input type="checkbox"/> Aadhar card copy of Student | <input type="checkbox"/> Aadhar card copy of Father | <input type="checkbox"/> Aadhar card copy of Mother | <input type="checkbox"/> Wellness Certificate |
| <input type="checkbox"/> Passport size photos of child (5 copies) | <input type="checkbox"/> Passport size photos of parents (2 each) | <input type="checkbox"/> SLC | <input type="checkbox"/> Caste Certificate |

MEDICAL HISTORY OF THE CHILD

HEARING : VISION : MOTOR MILESTONES:

Any Allergy / any medical information that school should be aware of : _____

DECLARATION

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 best of my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by all school rules and the fee structure of the school. Further undertakes that I will not be part of any mass protest or agitation against school what soever.

Date: _____ Signature of Parent / Guardian _____

FOR OFFICE USE

Admission No.....

House:

Amount Deposited

Date:.....

Accountant

Principal