

HEALTH INFORMATION

Allergy / Chronic ailment (if any) Physical handicap / disability (if any)

Any other health problem

Blood Group

EDUCATIONAL BACKGROUND

Name(s) of previous School attended

City / State From To Reason for leaving

Has the child ever been Expelled/Rusticated/Not Promoted to next class by any School?

Yes No If yes, please give details

PARENTS' / GUARDIANS' INFORMATION

Father's / Guardian's Name Age Education

Mother's Name Age Education

Relationship with Child

Father's / Profession / Occupation Annual Income - Rs.

Office Address

Tel. # Fax #

Mob. # E-mail

Mother's / Profession / Occupation Annual Income - Rs.

Office Address

Tel. # Fax #

Mob. # E-mail

TRANSPORT

School Bus facility Yes No

DECLARATION / UNDERTAKING

I / We certify that the information furnished in this form are true to the best of my / our knowledge and belief. If my / our ward is admitted, I / we shall abide by the rules and regulations of the school.

Date:

Signature of Parent / Guardian

Place:.....

ADMISSION ORDER

Provisional / Confirmed admission may be granted to in Class & Section for the session

..... The originals of the following have been verified & attached with this form:

- 1. School Leaving Certificate
- 2. Report Card from the previous School
- 3. Migration Certificate
- 4. Proof of Date of Birth
- 5. Passport size photographs
- 6. Medical Certificate

Remarks

Date:

Principal

Admission Incharge