



Photo of the child

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. Place of Origin : _____

5. Age in years : _____ Months : _____ Gender : Male / Female

6. Religion : _____ Nationality : _____

7. Mother tongue : _____

8. Blood Group : _____

9. Medical Details :

a. Allergies (if any):

b. Surgeries (if any):

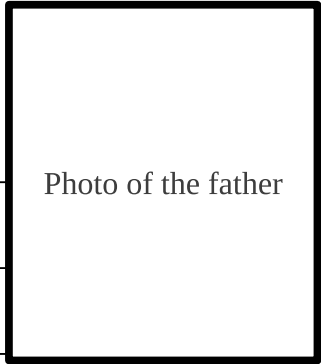
c. Chronic Illness(if any) :

d. Immunization : YES / NO

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

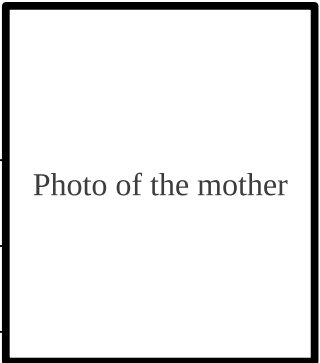
10. Father's details

- a. Name : _____
- b. Qualification : _____
- c. Occupation : _____
- d. Place of work : _____
- e. Official address : _____
_____ Email ID : _____
- f. Phone No. : _____ Mobile No : _____



11. Mother 's details

- a. Name : _____
- b. Qualification : _____
- c. Occupation : _____
- d. Place of work : _____
- e. Official address : _____
_____ Email ID : _____
- f. Phone No. : _____ Mobile No : _____



12. Residential address : _____

13. Residential Phone No : _____

Estimated Drop Off Time : ----- Estimated Pick Up Time : -----

SCHEDULE :

- | | |
|---|---|
| <input type="checkbox"/> 8.30 AM TO 1.00 PM | <input type="checkbox"/> 1.00 PM TO 4.30 PM |
| <input type="checkbox"/> 8.30 AM TO 4.30 PM | <input type="checkbox"/> 1.00 PM TO 7.00 PM |
| <input type="checkbox"/> 8.30 AM TO 7.00 PM | <input type="checkbox"/> 4.00 PM TO 7.00 PM |

What does your child enjoy doing most indoors ?

What does your child enjoy doing most outdoors ?

Does your child get along well with other children?

Does your child accept new people easily?

- Yes No Unsure

Does your child have any fears?

- Yes No

If so what are they? -----

How much time you spend with your child?

Describe the eating habits of your child

Child's Nap timings :

Wake up time :

Sleeping time :

Afternoon Nap time :

Kindly provide any other information necessary to help us meet your child's needs

Sibling details

Sl No.	Name of the child	Gender	Age	Class	School

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 / daycare : _____

b. Duration : _____

c. Class attended : _____

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 _____

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. : _____

Paediatrician Details

Child's Paediatrician : _____

Address : _____

_____ **Phone :** _____

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

FOR OFFICE USE

Remarks : _____

Date :

Signature :

OUR TERMS AND CONDITIONS

1. The fees shall be paid either Monthly, Quarterly or yearly basis failing which an amount of INR 200 would be charged per day.
- 2 Children would not be allowed to wear or bring any valuables including money.
3. Children would not be allowed to carry Non – Vegetarian Meals.
4. School authorities would acknowledge child's birthday in class, however no cakes, treats or presents are allowed
5. Fees for any extra hours outside our scheduled hours would be 1000/- per hour.
6. All matters are subject to Bangalore Jurisdiction.

DECLARATION BY PARENT / GUARDIAN

I Parent / Guardian
of do hereby 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 injuries / death of my ward by events that are accidental in nature.
- (d) I will allow 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 : _____