

ACADEMIC INFORMATION

Class currently studying in:

Name of Present school :

Medium of instruction :
e.g. English/Hindi/Bengali

Second Language :

Reason for leaving current School :

CO-CURRICULAR INFORMATION

Hobbies : Sports played :

HEALTH INFORMATION

Blood Group : Height: cms Weight : kgs

Does your child have any kind of learning disability or any similar concerns?

Does your child have any health concerns? (Vision, Hearing, Speech, Physical)

Does the child suffer from any allergies or health problems ?

Identification Marks:

IN CASE OF ANY EMERGENCY PLEASE CONTACT:

Name :

Address :

Mobile : (1) (2)

Declaration

I promise to obey the rules and regulations of the school.
I will abide by the school policies in all academic and disciplinary matters.

Date : Signature of the Father Signature of the Mother

For office use only

Admission Status :

Approved / Not Approved

Admission Counselor

Principal

Date / Place :

Remarks :

Admission documents attached : Photograph Blood group Transfer Certificate Fitness Certificate
Please feel free to contact for any further clarifications. Birth Certificate Aadhar card Marksheet Immunization Record