



INTERNATIONAL

Child Care | Preschool | Activities

ADMISSION FORM



Instructions: 1. Form must be filled neatly and legibly. 2. Form must be filled in BLOCK letters
3. Form must be filled and signed by the parent/gaurdian. 4. Ensure all supporting documents are attached to the form

Admission No: ____ / ____ / ____

Date : ____ / ____ / ____

Admission for Class: _____

Student Information

Name of the Child: _____ DOB: ____ / ____ / ____ Age: _____

Gender: _____ Place of Birth: _____ Religion: _____

Mother Tongue: _____ Other language child understands: _____

Previous school name and class attended: _____

Health Information

Blood group: ____ Allergies (if any): _____

Chronic Illness OR Surgeries (if any): _____

Immunization: YES/NO (Kindly attach a copy of immunization record)

Family Information

Father's Name : _____

Qualification : _____

Occupation : _____

Mobile No : _____

E Mail : _____

Mother's Name : _____

Qualification : _____

Occupation : _____

Mobile No : _____

E Mail : _____



Sibling Details

1. Name: _____ Gender: ____ Age: ____ School/Class: _____

2. Name: _____ Gender: ____ Age: ____ School/Class: _____

Emergency Contact Details:

(These people will be called if both parents are not available)

Name : 1. _____ 2. _____
Address : _____
Mobile No : _____
Relation with the child: _____

Other person authorized to pick up your child:

Name : _____
Mobile : _____
Address : _____



Preferred local doctor to be called in case of emergency:

Name: _____ Mobile: _____
Clinic Address: _____

Documents Checklist:

(a) Birth Certificate	<input type="checkbox"/>	(b) Transfer Certificate	<input type="checkbox"/>	(c) Report Card	<input type="checkbox"/>
(d) 4 Copies of photograph of child	<input type="checkbox"/>	(e) Immunization record	<input type="checkbox"/>		
(f) Copy of passport (for foreign nationals)	<input type="checkbox"/>	(g) Any other relevant documents	<input type="checkbox"/>		

Undertaking:

I/we _____ parent/gaurdian of _____ do hereby understand and accept the following fully:

- a) Information filled above is true to our knowledge and affirm that I/we will abide by the rules and regulations of school.
- b) In case of any accident or illness, the school authorities may take our child to hospital/nursing home as per condition of the child.
- c) I/we will not hold school authorities responsible for injuries/fatality of my child by events that are accidental in nature.
- d) I/we allow school management to use photographs, videos and crafts created by our child in brochure, newspapers, website and any other promotional medium in perpetuity.
- e) The documents submitted along with this form are authentic originals, true copies of the original documents.
- f) I hereby state and declare that should I/we or our child not fulfill any one of the conditions of admission fully / partially or have furnished incorrect/false information/documents, then the 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.

Date: ____ / ____ / ____

Signature of Parent

FOR OFFICE USE

Center Code:	<input type="text"/>	Admission No:	<input type="text"/>																										
Total Fees:	<input type="text"/>	Admission Fees:	<input type="text"/>																										
Program :	PRE-NU NU LKG UKG	SKIT Charges :	<input type="text"/>																										
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