



INCLUSION

OPEN THE BOOK OF LIFE



ADMISSION APPLICATION FORM

Application for admission to:

- INFANT (18 months - 2 yrs) TODDLER (2 - 3 yrs)
 PRESCHOOL (3 - 4 yrs) LKG(4 - 5 yrs)
 UKG (5 - 6 yrs) DAY CARE (1 - 6 yrs)

Affix a recent
Colour photo
of the child

APPLICANT'S DETAILS

PLEASE USE CAPITALS

First Name: _____

Surname: _____

Gender: Male Female

Date of Birth: _____

Nationality: _____

Age: _____ Blood Group: _____

Home Address: _____

Phone(s): _____

SIBLING(s), if any, details:

Name	Age	School	Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT'S DETAILS:

Father's Name: _____ Mother's Name: _____

Occupation/Designation: _____ Occupation/Designation: _____

Organization: _____ Organization: _____

Phone(s): _____ Phone(s): _____

Fax: _____ Mob.: _____ Fax: _____ Mob.: _____

e-mail _____ e-mail: _____

Affix a recent
colour photo
father/Mother

IMPORTANT DOCUMENTS TO BE ATTACHED TO THE APPLICATION FORM

1. Three passport size photographs of the child (including one to be pasted).
2. Copy of birth certificate duly attested.
3. Passport size photographs of Mother/Father as well as concerned person(s).
4. Copy of transfer certificate from the previous school/institution.
5. Report Card of last school attended (for children seeking admission in classes Ist onwards)

UNDERTAKING

1. We agree that Registration does not guarantee admission to our child, it will depend on the availability/vacancies in each class.
2. We accept that if the form is incomplete and any information given in it is found incorrect, the registration will automatically be cancelled. Admission, if granted, is liable to be cancelled if information provided in this form is found to be false subsequently also.
3. We accept that the Date of birth has been given correctly in the admission form. We understand that no alteration will be permitted at the time of admission or afterwards. The Date of Birth will be as per the official certificate/document only.
4. If our child is admitted, we hereby give our consent that First Aid/Medical Help be given to the child, if so required, in case of emergency,

Date _____ Signature of Parent _____

FOR OFFICE USE ONLY

ADMISSION: GRANTED / DECLINED

(Headmistress / Authorised Signatory)

Admission No. _____ Age Group: _____

Date of joining: _____ Section: _____