

# ADMISSION FORM



Application No. : \_\_\_\_\_

Academic Year : \_\_\_\_\_

Location : \_\_\_\_\_

Grade Applied for : \_\_\_\_\_  
(to be filled by the school)

Please go through the following instructions before filling the form:

1. Form should be filled in CAPITAL letters only.
2. Please strike off whatever is not applicable.
3. Please write full name and grade applied for, behind the photographs being submitted.

Name of the student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Blood Group: \_\_\_\_\_ Gender : 

M	F
<input type="checkbox"/>	<input type="checkbox"/>

 Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Caste/Sub Caste: \_\_\_\_\_

(The above information is required by the school as per the S.S. Code of Karnataka and will be kept confidential)

Affix Latest Coloured  
Passport Size  
Photograph

(Not more than six  
months old)

## Family Information

(Please circle the name of the person to be contacted during an emergency)

	Father	Mother
Surname		
First Name		
Home Address		
Residence Phone No.		
Mobile		
Email		
Occupation		
Designation		
Employee/Self Employed		
Office Address		
Office Phone No. (Land line)		

Guardian details (To be filled in only if child is not staying with parents)	
Name of the Guardian	
Relationship with the child	
Permanent address of the guardian	
Residence Phone No.	
Mobile	
Email	



8. I/ We acknowledge that the school is not responsible for loss / damage to personal equipment brought to school such as laptop computers, i-pods, mobile phones and play stations.
9. I/We declare that all previous medical and psychological histories are correctly reported on the Admission Form.
10. On leaving the school, students would return text or any school property they might have borrowed during their stay in the school
11. I/We declare that the school holds the right to use the child's photo/video for any publicity material.

Does your child have any medical or psychological conditions? Please provide details/relevant documentation.

Place: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Relationship with the child \_\_\_\_\_

**FOR OFFICE USE ONLY**

Admission Status  
(on Hold/Admitted/Rejected)

Director / Co-ordinator

**TO BE FILLED IN BY ACCOUNTS DEPARTMENT**

Fee received Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_ Signature of the Accountant \_\_\_\_\_