

## APPLICATION FORM

For office use only:

ADMISSION STATUS  ADMITTED  REGISTERED

ADMISSION NUMBER

REG. NO.

DATE OF ADMISSION

Photo

Please fill in capital letters.

### I – Student Details

First Name :

Middle Name :

Surname :

Date of Birth :         Gender: Male  Female

Religion: \_\_\_\_\_ Caste: \_\_\_\_\_ Sub-caste: \_\_\_\_\_

Category: Gen  SEBC  SC  ST  Others (Please specify): \_\_\_\_\_

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

Class to which admission sought: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Numbers: (R) \_\_\_\_\_ (M) \_\_\_\_\_

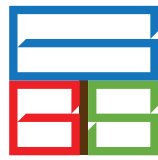
School Transport Required: Yes  No

(If yes, then kindly fill in the transport form available with the Registrar/Transport officer.)

Catering: Yes  No

Day-Care Facility Required: Yes  No

(Only for Pre-Primary section)



## II – Parent Details

Father

Mother

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Education: \_\_\_\_\_

Residential address: \_\_\_\_\_

## Contact Numbers

Home Phone No.: \_\_\_\_\_

Office Phone No.: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Address: \_\_\_\_\_

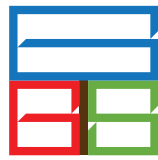
## III – Family Details

Student's sibling details

1) Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

2) Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_





## STUDENT'S MEDICAL RECORD

NAME: \_\_\_\_\_

CLASS/SEC: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GENDER: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

EYES: \_\_\_\_\_

TEETH: \_\_\_\_\_

EARS: \_\_\_\_\_

GENERAL HEALTH: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTOR'S REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Emergency Contact Numbers (R): \_\_\_\_\_

(M): \_\_\_\_\_

## TO BE FILLED BY PARENTS

NAME OF FATHER: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

CONTACT NO. OF PARENTS: \_\_\_\_\_

FATHER'S MOBILE: \_\_\_\_\_ MOTHER'S MOBILE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_ OFFICE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CHILD'S ALLERGIES, IF ANY: \_\_\_\_\_

ALLERGIES TO ANY PARTICULAR MEDICINE: \_\_\_\_\_

HISTORY OF THE CHILD'S IMMUNIZATION/INOCULATION PROGRAMME:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Kindly attach a copy of the inoculation card or certificate to the medical card.

Any trauma suffered by the child in the past e.g. accidents, major illness, diseases etc. which need a mention for our record? Please write a brief history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Kindly attach medical certificate or a copy of doctor's diagnosis report for our records.)

Name and phone no. of family doctor/physician/pediatrician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Father's Signature)

\_\_\_\_\_  
(Mother's Signature)

## ADMINISTRATION FORM

### DECLARATION

My son/daughter/ward \_\_\_\_\_  
of Grade \_\_\_\_\_ Sec \_\_\_\_\_ will be availing the following facilities:

#### 1. Transport

YES

NO

(If yes, kindly fill the following.)

Landmark: \_\_\_\_\_

Telephone No.: Residence: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

(If no, please make sure parents themselves come to drop and pick their children from school. No autorickshaws or school vans should be engaged for this purpose.)

#### 2. Catering

YES

NO

(If yes, please mention any food allergies that your child may have.)

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#### 3. Day Care

YES

NO

(For pre-primary section only)

I fully understand that the school will not hold any liability for the above transport and catering arrangements and I indemnify the school for the same.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accountant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Transport (w.e.f.): \_\_\_\_\_ Catering (w.e.f.): \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Name of driver: \_\_\_\_\_

Pick-up point: \_\_\_\_\_ Drop-off point: \_\_\_\_\_

Administration Officer's Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

### Document Check List (Please Tick)

	YES	NO
1. Admission Form duly completed	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. One passport size photograph each of mother and father	<input type="checkbox"/>	<input type="checkbox"/>
4. Five passport size photographs of child	<input type="checkbox"/>	<input type="checkbox"/>
5. Original Transfer Certificate/School Leaving Certificate duly attested (For Grade 2 and above)	<input type="checkbox"/>	<input type="checkbox"/>
6. Photocopy of original mark sheet of last examination passed (Only for the examinee age group)	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical certificate by a certified medical practitioner Details of allergies and any other chronic ailment	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of Residential/Address Proof Photographs of the parents to be attached to admission form.	<input type="checkbox"/>	<input type="checkbox"/>

## ADMISSION REQUIREMENTS

- **PLAY SCHOOL**
  - **KG1 KG2**
  - **GRADE 1**
1. Authentic Certificate showing Date of Birth
  2. Vaccination Report
  3. Medical Certificate
  4. Photographs – 5
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- **GRADE 2 – GRADE 12**
1. Transfer Certificate from previous school
  2. Migration Certificate where applicable
  3. History of Vaccination
  4. Medical Certificate
  5. Photographs - 5