



ADMISSION FORM

We wish to admit my son/daughter to your school. I have fully acquainted myself with all the rules, regulations and general working of the school and I agree to abide by them.

Name of the Student : _____ Sex : M ___ F ___

Date of Birth : _____ Place of Birth : _____ Class _____

Admitted to : _____ Nationality : _____ Mother Tongue : _____

Address (Present Address) _____

Pin Code : _____ State : _____ City : _____

Father

Mother

Name : _____	Name : _____
Age : _____	Age : _____
Education Qualification : _____	Education Qualification : _____
Occupation : _____	Occupation : _____
Designation : _____	Designation : _____
Organisation : _____	Organisation : _____
Address (Office) : _____	Address (Office) : _____
Mobile : _____	Mobile : _____
Phone : _____	Phone : _____
E-mail : _____	E-mail : _____

General Medical Record

Is there any significant condition the school need to be aware of about your child's main System And Organs ? like Asthma : _____ Epilepsy: _____

I _____, do here by agree and accept that I am aware that the organizers of the school are undertake to take all reasonable precautions and safety measures during the excursions and field trips I shall not hold the school or its organizers responsible for any accidents or any mishap happening due to unforeseen circumstances to my child due the said excursions or field trips.

Father's Signature

Mother's Signature

Chief Learner Officer