****

***Date of admission :­­­\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_***

***Admission No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_***

|  |
| --- |
| **KID** |

|  |
| --- |
| **PARENT** |

***We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_desire to have our son/ daughter whose particulars are given below admitted as a day scholar in your school***

***INFORMATION OF THE KID***

**First Name Middle Name Last Name**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Gender Date of Birth**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **M** | **F** |  |  |  |  |

**Class for which admission Nationality Aadhar No**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Any disability Caste Religion**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Blood Group Identification Mark**

|  |  |  |
| --- | --- | --- |
|  |  | |
| **RESIDENTIAL ADDRESS** | | | **CORRESPONDENCE ADDRESS** | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |

**Distance & Area from school Relation Number for school SMS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Emergency Contact No. Name of the Person to be contacted (Relation ship)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**FAMILY INFORMATION**

**Father/ Guardian**

|  |  |
| --- | --- |
| **Name** |  |
| **Age** |  |
| **Nationality** |  |
| **Occupation** |  |
| **Designation** |  |
| **Public / Private** |  |
| **Office Address** |  |
| **Phone Number** |  |

**Mother / Guardian**

|  |  |
| --- | --- |
| **Name** |  |
| **Age** |  |
| **Nationality** |  |
| **Occupation** |  |
| **Designation** |  |
| **Public / Private** |  |
| **Office Address** |  |
| **Phone Number** |  |

**Guardian / Blood Relation**

|  |  |
| --- | --- |
| **Name** |  |
| **Age** |  |
| **Nationality** |  |
| **Occupation** |  |
| **Designation** |  |
| **Public / Private** |  |
| **Office Address** |  |
| **Phone Number** |  |

**Previous school and details ( if anything) / Any Information regarding the Kid**

|  |
| --- |
|  |

**Promise**

**I hereby certify that the information given in the admission form is complete and accurate. I understand and agree this misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion**

**I have read and do hereby consent to the term and condition enclosed with the registration form**

**Signature of Mother / Guardian Signature of Father/ Guardian**

**Office Use Only**

**Head of the Institution’ Signature & office seal**

**Date:\_\_\_/\_\_\_\_/\_\_\_**