## **ADMISSION FORM**



Sr.no.350/1, B/h. Akshar icon, Bharuch Road, At: - Andada, Ankleshwar-393010

Form No:				
Photograph of parents			Photograph of Child	
Date of Admission :		Admission to Class :		
	STUDENT	T'S DETAIL		
Name Of Child				
First name	Second name	Last name		
Date of Birth :	in words			
Place of Birth :		State:		
MotherTongue :		Sex: Male Female		
Aadhar / Passport no.:		Blood Group:		
Religion :	Nationa	ality :	MotherTongue :	
Category: SC ST OB	Gen. If 1,2	2,3, name of Sub caste:		
Languages known :				
Aadhar Card No.:				
	FULCATION	AL HISTORY		
Name of Previous School /pre-school/N				
Std. In Which Currently Studying :				
Address of Previous School :				
Previous School Affiliated to : CBSE _	ICSE	GSEB	_ Other(Specify)	
City :	_ State:	Email id :		
Distance From School To Residence _				
Have You Applied For Twin Child?: Ye	No Have	you applied for child with special n	eeds ? : Yes No	
Is There Any Medical Information Abou	l Your Ward Which The School S	Should Be Aware of :		
Asthma Epilepsy	Juvenilediabetes	Heartdisorder	Allergy/Chronicailment	
Physical Handicap/ Disability: Any Other	er Health/ Problem :	None		
Medicines To Be Taken In School: Yes	No			

## PARENT'S PARTICULARS

	Father / Guardian		Mother / Guardian		
Name					
Address					
Date of Birth :					
Educational Qualification :					
Nationality :					
Occupation :					
Employer's Name :					
Designation :					
Mobile No. Home :					
Annual Income :					
Email address:					
Addhar Card No/passport No:					
Parent's priority	M F	Are you a single pare	ent: Yes No		
Residential status: Own house	Rented	Company F	Provided Accommodat	ion.	
Current Home Address :					
•	State: Pin:				
City:	State: Pin:				
What is your area of expertise	that will contribute to nurturing	the talent in your ward	?		
	llence in sports/Debate/Music/Date in sports/Debate/Music/Date in sports/Debate/Music/Date in sports/Debate/Music/Date in sports/Debate/Music/Debate			n a part of any CCE activity on the	
Father		Mother			
		ONTACT (GUARDIAN	•		
	Second name_			<u>e</u>	
Relationship with child:		Occupation:			
Address :					
City:	State:		Pin:		
Office Address:	AIITUOD	IZATION FOR PICK	IID		
	•			hers :	
•				_ Last name	
SCHOOL ACTIVITY LIST: 2nd	lang	3rd lang	Clubs_		
				Persons	
Information source Name:			Mob No : .		
I/ We declare that the informati	ion given above is true and corre	ect			
Mother's Signature		Father's Signature			
Date of admission	FOR	OFFICE USE ONLY			
		ts submitted (Zerox copie		•	
	• Mark she				
	Id be countersigned by D.E.O if fron				
E. 0. 01100	Journal or grown by Dillion in Holl		and a control of the local		
Date:-	Admission –i	n-charge sign		Authorized sign	