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	Affix child's passport size photo				Affix father's passport size photo						Affix mother's passport size photo																				
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Any other	Health Problen	n																													
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	FAMILY DETAILS	
Details	Father/Guardian	Mother/Guardian
Office Address		
Phone No. (office)		
Mobile No.		
Email Id.		
Annual Income		
Aadhar Number		
	CONTACT INCASE OF EMERGENCY (OTHER	THAN PARENTS)
Name		
Relation with ward		
Phone No. / Mobile No.		

## SCHOOLS ATTENDED BY THE CHILD (BEGIN WITH PRESENT SCHOOL)

Name & Address of the School	Class	Board	Grades/Percentage	No. Of Years Attended

Any outstanding achievements \_\_\_\_\_ co-curricular activities.

Interests/hobbies \_\_\_\_\_ Of the child

Transfer case YES / NO

If Yes, record from the last school

1. Transfer Certificate 2. Progress Report / Registration No.

## SIBLING'S INFORMATION

N	lame	Age	Class	Is sibling in Orleans ?	
				YES / NO YES / NO	

School Transport Required

TRANSPORT INFORMATION

YES / NO

Declaration

1. I hereby certify that the information given is complete, true and to the best of my knowledge. I understand that misrepresentations or omissions of facts or information will justify the denial/cancellation of admission of my ward.

I do hereby consent to abide by the school's rules and regulations.

3. My son/daughter will follow the high standard of discipline in the school.

\_\_\_\_\_\_ Signature of Father/Guardian

Signature of Mother/Guardian

(FOR EARLY YEARS)

1. Two colored passport size photograph of ward, mother & father

2. Copy of DOB.

3. Proof of Residence

4. Identity of Parents

5. Income Proof

## (FOR EARLY YEARS ONWARDS)

1. Birth certificate of child2. Id proof of Father & Mother3. Residence proof4. Copy of PAN Card5. Copy of Aadhaar Card (Child, Father &<br/>Mother)0. Fitness certificate of the child7. Original Mark sheet of the child8. Transfer certificate counter signed by Department of Education

	FOR OFFICE USE ONLY	
Registration no	Date of Registration	Reg. Fee Rec. No
Applied on	Date of Admission	Admission No
Applied For		

SIGNATURE OF HEAD OF SCHOOL/COMPETENT AUTHORITY