



ADMISSION FORM

Looking for : Part Time Full Time

Fees : ₹ _____

Less : ₹ _____ Approved by

Net : ₹ _____

Diagnosis : _____

Father's/
Guardian's
Photo

Mother's/
Guardian's
Photo

Child's
Photo

Name of the Child : _____
First Name Middle Name Last Name

Date of Birth : Gender : Male Female

Place of Birth : _____ Nationality : _____

Height : Weight : Blood Group: _____

Previous Pre-School/School Attended : _____ Class : _____

Residential Address : _____

City : _____ State : _____ Pin Code :

Contact No. : Mobile No.:

Emergency Contact Details :
Name: _____

Contact No. : Mobile No.:

Parents Signature



Principal Signature

