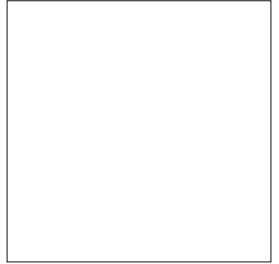




## APPLICATION FORM



Name of the Child.....

Gender M..... F.....

Grade to which admission is sought.....

Home Address.....

Home Phone Number.....

Emergency Contact Person.....

Relationship with Child.....

### ABOUT THE PARENTS

Father's Name.....

Occupation..... Designation.....

Organization.....

Email ID.....

Contact Number.....

Mother's Name.....

Occupation..... Designation.....

Organization.....

Email ID.....

Contact Number.....

### IF STAYING WITH GRANDPARENTS / GUARDIANS / OTHERS

The child is currently staying with.....

Any other information you would like to share about the parents.....

.....

.....

.....

Admission sought for Day School

Residential School

Whether opting for snacks/ lunch in school

Yes

No



## ABOUT THE CHILD

Date of Birth DD..... MM..... YY.....

Age as of 31st March 2010.....

Name of Sibling.....

Age..... Gender..... Grade.....

Name of Sibling.....

Age..... Gender..... Grade.....

Who else lives with the family? (Including domestic help).....

Are there pets in the family?.....

### LIKES AND DISLIKES

Your child likes to eat.....

Your child dislikes eating.....

Your child likes doing.....

Your child dislikes doing.....

Any other information you would like to share.....

Whether availing of Transport facility.....

Name of person authorized to pick up child.....

Contact Number.....

Name of person authorized to pick up child.....

Contact Number.....

Whether opting for After School Activities upto 5:00pm

Yes

No

## MEDICAL RECORD

Name of the Child.....

Gender M..... F.....

Blood Group.....

Name of Family Doctor/ Pediatrician.....

Address.....

Home Phone Number.....

Mobile Number.....

Allergies.....

Surgeries Undergone.....

Special Condition.....

Medication Required.....

## VACCINATION RECORD

	YES	NO	PLANNED MM/YY
BCG			
DPT			
Oral Polio Vaccine			
HBV Hepatitis			
Measles			
MMR			
Meningitis			
Chicken Pox			
Hepatitis A			
Typhoid			
DT			
Tetanus			

Last Administered Tetanus vaccination on.....