## Hosanna House Montessori

Please affix a recent photograph of the child. Size- 2.5 cm x 3.5 cm

## Application for Admission

(To be filled by Parent/Gaurdian of the Child)

Seeking A	Admission for (in capital letters)						
Mister / N	Miss Last Name	First	t Name		Midd	lle Initial	
Nationa	lity	Blood Group					
Date of	Birth (DD/MM/YY)//	Plac <b>e</b> _					
Aadhaa	Aadhaar No (Please submit supporting copy of card)						
Seeking	Admission in Nursery Jr. KG	Sr. KG					
Grade _	(in words)						
Current F	Residential Address						
		Pin Code:		Tel:			
Permane	ent Address						
		Pin Code:		Tel:			
Languag	es spoken at home						
Previous schools attended, if any:							
Sr.	School Name	City and Country	Academic Year	Grade Completed	Language of Instruction	Board to which affiliated	
1							
2							
3							

Family information					
Mother's Name	Occupation	Masharia			
Qualification	Designation	Mother's photograph Size- 2.5 cm x 3.5 cm			
Name of Organization / Employer					
Address (Business / Office)					
Contact Details  1. Contact No. 1	Contact No. 2				
2. E-mail	Oomaci No. 2				
Father's Name	Occupation				
Qualification	Designation	Father's photograph Size- 2.5 cm x 3.5 cm			
Name of Organization / Employer	•				
Address (Business / Office)					
Contact Details  1. Contact No. 1  2. E-mail	Contact No. 2				
Name of Guardian	Relation to Child				
Occupation of Guardian	Qualification				
Name of Organization / Employer	Designation				
Address (Business / Office)					
Contact Details  1. Contact No. 1  2. E-mail	Contact No. 2				
Mode of Communication					
Please specify the ID's for alerts via email and SMS.  The confirmation of admission and all subsequent communications.	ion will be sent to the below mentioned conta				
SMS alert					
Emergency No					

## **Brief History of Child**

Has the child ever been tested for the lift yes then please describe	or learning, behavioural ,emotional or physical ability?	/ES / NO	
	ted with psychiatrist,psychologist,speech/language ther	apist or other specialist?	
YES / NO			
If yes then which specialist?	skipped the grade in school? YES / NO		
If ves then which grade?	skipped the grade in school? YES / NO		
4. Does your child has any allergie	s-?: YES / NO		
If yes then specify			
	Please state in detail. This information will help us in ass		
7. Parent's Note if any:			
Declaration:			
	s that all the information given above is	correct and if wrong	
then I would be held resp	ponsible for the same.		
Signature	Nama	Date	
Signature	_ Name	Dale	
	FOR OFFICE USE ONLY		
Child interviewed by (if applicable)	:		
CLT paper checked by (if applicable)	:		
Admission recommended for grade	:		
•			
Signature	Date		