

A.F. No. : _____

THUMBELINA NURSERY & K.G. SCHOOL

Opp. Sarvamangal Society, Naranpura, Ahmedabad - 380 013.
Phone Nos. : 27910915, 27910248 & 27911721. Mobile : 9824032580 Website : www.thumbelina.school

A.F. No. : _____

APPLICATION FORM FOR ADMISSION

(Please fill this form in BLOCK LETTERS only)

Admn. Term : _____

Pupil's Name : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Surname First Name Father's Name </div> Sex : _____ (Male/Female) Date of Birth : (DD/MM/YYYY) : _____ Full Residential Address : _____ _____ _____ Pincode : _____ Resi (LL/Mob#): _____ Resi (LL/Mob#): _____ Father's WhatsApp# : _____ Mother's WhatsApp : _____ E-mail (Father) : _____ E-mail (Mother) : _____	Child's Passport-sized photo Stick with gum. Do not staple.
Father's Name : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Surname First Name Father's Name </div> Father's Occupation : <input type="checkbox"/> Job <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Other _____ Father's Company Name : _____ Office Address : _____ _____ Pincode : _____ Landline (Off) : _____ Mob # (Off) : _____ Designation : _____ Qualifications : _____ Explain the nature of company's business : _____	Father's Passport-sized photo Stick with gum. Do not staple.
Mother's Name : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Surname First Name Husband's Name </div> Mother's Occupation : <input type="checkbox"/> Job <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Other _____ Mother's Company Name : _____ Office Address : _____ _____ Pincode : _____ Landline (Off) : _____ Mob # (Off) : _____ Designation : _____ Qualifications : _____ Explain the nature of company's business : _____	Mother's Passport-sized photo Stick with gum. Do not staple.
Mother Tongue : _____ Other languages spoken at home : _____ No. of brothers and sisters : _____ [Brother(s) : _____ and Sister(s) : _____] Name of elder brother/sister who was in THUMBELINA : _____ Does the father know English ? : [] Yes [] No [] Can understand Does the mother know English ? : [] Yes [] No [] Can understand Bad Habits : _____ Health Disorders : _____ Food Restrictions : _____ Medicinal Allergy : _____	
Pediatrician's Name : Dr. _____ Clinic Address : _____ _____ Pincode : _____ Pediatrician's Mob # : _____ Clinic LL/Mob# : _____	
I hereby state that the information given by me above is true and correct. Further, I have read the rules and regulations printed on the GENERAL INFORMATION SHEET received by me prior to securing admission to the school and promise to abide by them fully in letter and spirit. Date : _____ _____ <div style="text-align: right; font-size: small;">Signature of Parent/Guardian</div>	