APPLE HILLS

An integrated child development center
where Lifetime learning begins

Photo of the Child

ADMISSION FORM

Instructions

I. Form to be filled neatly and legibly.
II. Form to be filled in block letters with the use of a black / blue ball point pen only.
III. Form to be filled by the parent / guardian.
IV. Ensure you attach all the necessary documents given in the checklist.

1. Name of the Child (Full name in block letters) :

_____

2. Date of Birth (dd/mm/yyyy format only) : _____

3. Place of Birth : _____

4. Age in Years : _____ Months : _____ Gender : Male / Female

5. Nationality : _____

6. Mother Tongue : _____

7. Blood Group : _____

8. Medical Details :
a. Allergies (if any):

_____

b. Surgeries (if any):

_____

c. Chronic Illness(if any) :

_____

d. Immunization : YES / NO
(Kindly attach a copy of the immunization record along with the admission form)

9. Father's details

Photo of the Father

a. Name : _____

b. Occupation : _____

c. Place of Work : _____

d. Official Address :

_____

_____ Email ID : _____

e. Phone No. : _____ Mobile No. : _____

10. Mother's details

a. Name : _____

b. Occupation : _____

Photo of the Mother

c. Place of work :

_____

d. Official Address :

_____

_____ Email ID _____

e. Phone No. : _____ Mobile No. : _____

11. Residential Address : _____

_____

_____

_____

_____

12. Residential Phone No. : _____

13. Sibling details

Sl No.	Name of the Child	Gender	Age	Class	School

14. **If the child (applicant) has attended school / day care previously :** Y / N
(If yes , kindly fill in the below details)

a. Name of the school / day care : _____

b. Duration : _____

c. Class attended : _____

15. Emergency Contact Details
(This detail will be used during emergency when both parents are not available)

a. Address :

_____

_____

b. Phone No. : _____ Relationship with the child_____

c. Phone No. : _____ Relationship with the child_____

16. Guardian Details
(To be filled in case the child is taken care by the person other than the parents)

a. Name : _____

b. Relationship with the child : _____

c. Phone No. : _____ Mobile No. : _____

CHECKLIST

(a) Birth Certificate * ☐ (b) Immunization record * ☐

(c) Transfer Certificate (if any) ** ☐ (d) 4 copies passport photos of the child ☐

(e) Progress report (if any) ** ☐ (f) Passport (for foreign students) * ☐

(g) Any other medical report * ☐

Note : * Submit Photocopy ** Submit Original

FOR OFFICE USE

Remarks :

Date : Signature :

DECLARATION BY PARENT / GUARDIAN

I ..... Parent / Guardian

of ..... do hear by understand and

accept the following fully :-

(a) I certify that the above information is correct and affirm that I will abide by the rules and regulation set by the school.

(b) In case of any accidents or illness, the school authorities may take the child to the hospital / nursing home as per the condition of the child.

(c) I will not hold the school authorities responsible for any kind of mishap of my ward by events that are accidental in nature.

(d) I shall permit the school management to take pictures of my child at school and can be used for school prospectus, school magazines only by keeping me informed before the use.

(e) The documents submitted with this form as mentioned in the checklist of my child are authentic originals or true copies of the documents.

(f) I hereby state and declare that should I or my child not fulfill any one of the above conditions fully or partially or have furnished false documents or incorrect information , then school authorities have the right to strike off the name of my child from the school rolls and my child will be considered withdrawn from the school by me.

Date : Signature of Parent / Guardian: