



ADMISSION FORM

1. Name of the child: _____
2. Sex: Male Female
3. Date of birth _ _ / _ _ / _ _ _ _ (DD/MM/YYYY)
4. Age as on 1st April _____ Years _____ Months
5. Address: _____

6. PH No (Res): _____
7. Who should be contacted in case of emergency? _____

Particulars of parents:

Father's Detail

- a) Name: _____
 - b) Educational qualification: _____
 - c) Occupation / Profession: _____
 - d) Annual Income: _____
 - e) Office Address and phone no.: _____

- Email: _____

Mother's Detail

- a) Name: _____
 - b) Educational qualification: _____
 - c) Occupation / Profession: _____
 - d) Monthly Income: _____
 - e) Office Address and phone no.: _____

- Email: _____

Sibling Details

a) Name	b) Name
School	School



Class	Class
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1) If both husband & wife are working, who look after the child in your absence?

2) Who takes leave when the child is unwell?

3) What do you want your child to be when he/she grows up?

4) How often do you take your child for an outing? Where?

5) Is your child an extrovert / introvert?

6) What types of toys & games does your child like to play with?

7) Give your observation about your child's talents, skills, interests, etc

8) What values would you like to inculcate to your child?

9) Is there any specific area you would you like the school to focus on?

10) As a father. How much time do you spend with your child and in what manner?
