

Abhay International School (AIS)

An Eco Support School



enrol, enrich and excel

Admission Application Form

Profile - Student And Family

Admission Sr. No: **553**

Admission Date: / / 20

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission required for grade:

Note : Please use CAPITAL LETTERS

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at Abhay International School (AIS).

A. INFORMATION OF THE CHILD

First Name Middle Name Last Name

Gender M F Date of Birth Date of Birth in words

Blood Group Religion Caste Nationality

Aadhar No

Community SC/ST OBC GEN OTHERS

Languages known Mother Tongue

RESIDENTIAL ADDRESS

Father's Mobile No.:
E-mail ID:
Facebook ID :
Twitter ID :

CORRESPONDENCE ADDRESS

Mother's Mobile No.:
E-mail ID:
Facebook ID :
Twitter ID :

Distance from school (in kms): Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Aadhar No :	Tel:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Aadhar No :	Tel:	

Single Parent:

Tick one, only if applicable

<input type="checkbox"/> Father	<input type="checkbox"/> Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Incase of staff ward:

Name of the parent:

B. DETAILS OF PREVIOUS STUDY

Year	School	Grade	Grade/Marks obtained in final exams
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The previous school affiliated to: SSC CBSE ICSE IGSCCE IBDP OTHER

Awards won so far in sports, arts or academics

Student's Medical Profile

Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____ Hemoglobin Test: _____ Urinalysis : _____

Immunization History:

DTP Series _____	Booster _____	Tetanus Booster _____
Polio OPV (Sabin) _____	Booster _____	Typhoid _____
Measles Vaccine (live) _____		Tuberculin Test _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____
Smallpox _____		Hep B Series 1 _____
Varicella Vaccine _____	Booster _____	2 _____
Meningococcal Vaccine _____		3 _____

Health History : Check or fill-in where applicable)

Ear Infections	Y <input type="checkbox"/> N <input type="checkbox"/>	Allergies			
Convulsions	Y <input type="checkbox"/> N <input type="checkbox"/>	Drugs :	Y <input type="checkbox"/> N <input type="checkbox"/>	Name _____	EPI Pen: Y <input type="checkbox"/> N <input type="checkbox"/>
Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>	Foods:	Y <input type="checkbox"/> N <input type="checkbox"/>	Name _____	Last Time Used _____
Asthma	Y <input type="checkbox"/> N <input type="checkbox"/>	Insects:	Y <input type="checkbox"/> N <input type="checkbox"/>	Name _____	Inhaler: Y <input type="checkbox"/> N <input type="checkbox"/>
Mononucleosis	Y <input type="checkbox"/> N <input type="checkbox"/>	Environmental:	Y <input type="checkbox"/> N <input type="checkbox"/>		
		Dust:	Y <input type="checkbox"/> N <input type="checkbox"/>		

VISION :

Any Consultation with doctor done : Yes No

Use of Spectacles/Corrective Lenses : Yes No

MOTOR MILESTONES (Approx Months) :

Sitting : _____

Standing : _____


Walking : _____

Speech : _____

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition :

Any Medication taken for general well being :

Any Allergy / any medical information that school should be aware of :



C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate - original copy (if applicable)
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (2 copies)
- Passport size photos of parents (2 each)
- Aadhar card copy of parents & child
- Copies of progress report cards for the last academic year.
- Community Certificate: if applicable.

The above documents (recently attested photocopies) must be produced along with the filled application form.

- Transportation Form (if Required)

Please note: Staple all documents to the top left-hand corner of the application

D. MISCELLANEOUS

How did you hear about the Abhay International School ?

News paper/Magazine

Website /Mailer/E-Media

Outdoor / Hoarding

Reference

DECLARATION

I, _____ have the authority to admit my child / ward _____, into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date:

Signature of Parent / Guardian

For Abhay International School (AIS) Office use only

Admission Co-ordinator

Date _____

Head of the Institution

Date _____