



PRE SCHOOL
A UNIT OF ST. MIRA'S

APPLICATION FOR ADMISSION

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM (Use Blue OR Black ink pen only)

Admission Sought in:

Toddler Play Group Pre KG Junior KG Senior KG

Batch: Timing:

Please affix
your child's recent
photograph
here...

YOUR CHILD'S PERSONAL IDENTITY

Name of Child: _____

Last Name: _____

Date of Birth: Gender (M/F): Nationality:

Age: Years Months Days

Languages Spoken at Home:

English Hindi Kannada Tamil Telugu Others: _____

MORE ABOUT YOUR CHILD

Previous Schooling: No Yes (Please Specify): _____

No. of Siblings the child have:

Brothers (Age): 1) _____ 2) _____ 3) _____

Sisters (Age): 1) _____ 2) _____ 3) _____

PAST MEDICAL HISTORY OF YOUR CHILD

Ailments Suffered: No Yes (Please Specify): _____

Any Surgery: No Yes (Please Specify): _____

Allergy (If Any): No Yes (Please Specify): _____

Phobias (If Any): No Yes (Please Specify): _____

Under Medication: No Yes (Please Specify): _____

Any Special Instructions? _____

FATHER'S DETAILS

Please affix
your recent
photograph
here...

Name: _____

Residence Address: _____

Street Name: _____

Landmark: _____

City: _____ State: _____ Pin Code:

Phone: _____ Mobile No: _____

Qualification: Undergraduate Graduate Post Graduate

Occupation: Service Business Public Sector

Designation: _____

Monthly Income: _____

Office Address: _____

City: _____ State: _____ Pin Code:

Phone: _____ Fax: _____

Medical History (if any): _____

MOTHER'S DETAILS

Please affix
your recent
photograph
here...

Name: _____

Residence Address: _____

Street Name: _____

Landmark: _____

City: _____ State: _____ Pin Code:

Phone: _____ Mobile No: _____

Qualification: Undergraduate Graduate Post Graduate

Occupation: Service Business Public Sector Home Maker

Designation: _____

Monthly Income: _____

Office Address: _____

City: _____ State: _____ Pin Code:

Phone: _____ Fax: _____

Medical History (if any): _____

To contact you through SMS in case of emergency:
(Please tick one box, to whom the SMS should be sent)

Father

Mother

EMERGENCY CONTACT

In the event, if the parent cannot be reached, the school will contact the either person listed below. Persons listed should be individuals who can:

- 1) Give permission to administer health care.
- 2) Pick up the child if the child is ill.
- 3) Give advice about caring for your child.

Reference (1)

Name: _____

Address: _____

Mobile No.: _____

Landline No.: _____

Email ID: _____

Relationship with child: _____

Reference (2)

Name: _____

Address: _____

Mobile No.: _____

Landline No.: _____

Email ID: _____

Relationship with child: _____

EMERGENCY CONSENT FROM THE PARENTS

I give my consent for emergency measures to be taken in case of an emergency situation arising due to an accident / violent injury / medical / surgical emergency with the understanding that I _____ Father / Mother of the child shall be notified / informed as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine / treatment in both emergency and non emergency situations, though necessary precautions are taken.

Date: _____

Place: _____

Parent's Signature: _____

FIELD TRIP CONSENT

I do hereby allow my child to attend the field trips planned and arranged by the centre and shall not hold **Alphabet Campus** authorities responsible for any mishap during the said trip.

Date: _____

Place: _____

Parent's Signature: _____

DECLARATION BY THE PARENT / GUARDIAN

I / We parent of _____ do hereby declare that the information given is correct and complete and I / We have not withheld any information. I have read the rules, regulations and guidelines applicable in respect of **Alphabet Campus** as given and have understood the same and have thereafter decided to enroll my son / daughter at the school.

I / We hereby agree and undertake to abide by all the policies of the **Alphabet Campus** and strictly adhere to all the rules and guidelines as laid down by them.

I / We agree to entrust my child under the care of the staff at **Alphabet Campus**. I shall not hold the school responsible for any unavoidable mishap or accident.

I / We are aware that the fees once paid are **non-transferable** and **non-refundable** under any given circumstances.

I have read through the **Alphabet Campus** policies and agreement with the said policies.

Father's Signature

Mother's Signature

Date: _____ Place: _____

WOULD YOU LIKE TO REFER ANY OTHER CHILD?

Name of Child: _____

Father's / Mother's Name: _____

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Toddler Play Group Pre KG Junior KG Senior KG

FOR OFFICE USE ONLY

Class Admitted: _____

Term : _____

Timing : _____

Date : _____

Place : _____

School Seal

Authorised Signatory