



**Mother's/Guardian's Details:**

**Father's /Guardian's Details:**

Name:

Aadhar No.

Residential Address:

Pin :

Contact no. :

Qualification :

Occupation :

Designation :

Office Address :

Pin :

Contact No.:

Mobile No. :

Email :

Medical History

Name:

Aadhar No.

Residential Address:

Pin :

Contact no. :

Qualification :

Occupation :

Designation :

Office Address :

Pin :

Contact No.:

Mobile No. :

Email :

Medical History

Monthly Household Income (in Rs.):

< 25,000  25,000 to 50,000  > 50,000

Brother's/Sister's Name (if any)	Gender	Date of Birth	School Attending	Standard	School Alumni (Y/N)

Additional Members in the family:

Name	Gender	Relationship to Child	Date of Birth

**EMERGENCY CONTACT**

In the event, the parents/guardians cannot be reached, the school will call the people listed below: People listed should be individual who can 1. Give permission to administer health care, 2. Pick up the child if the child is ill or 3. give advice about caring for you child.

Name:

Address:

Pin :

Home Phone:

Mobile No. :

Email ID:

Relationship with the child:

Name:

Address:

Pin :

Home Phone:

Mobile No. :

Email ID:

Relationship with the child:

Does your child have any allergies?

(Food, Medications, environment, insects, animals etc)?

Yes

No

If "Yes" please explain including his/per response to offending substances and recommended treatment for effective relief:

Does your child have any physical, emotional or behavioral issues that may interfere with his/her learning?

Yes

No

If "Yes" please explain including name of medication, dosage, route of administration and rationale for administration

Is there any further information you feel we should know that may help us understand your child?

Any other comments, which might be useful to the school authorities in managing your child's healthcare.

**Emergency Permission**

I give my consent for emergency measures to be taken in case of an emergency arising due to an accident/violent injury/medical or surgical emergency with the understanding that I (the father/the mother/the guardian 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.

**Field Trip Permission**

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

Date:

Place:

\_\_\_\_\_  
Parent's/Guardian's Signature

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I/We, parent(s)/guardian (s) of \_\_\_\_\_ have read the rules, regulations and guidelines applicable in respect of the School 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 School and to strictly adhere to all the rules and guidelines as laid down by them.

**Verification**

I hereby verify that I have read the information included on this form and that to the best of my knowledge the information provided by me is complete and correct.

Date:

Place:

\_\_\_\_\_  
Parent's/Guardian's Signature

**For Office use only**

Class Admitted :

Date of Admission:

Fee: - PAID / DUE

**Check list of document submitted**

[i] Birth certificate

[v] Aadhar card photocopy

[ii] T.C. of previous school attended

[vi] Residential proof of father

[iii] Caste certificate if any

[vii] Income certificate of parent / guardian

[iv] Bhamashah card photocopy

[viii] Two photographs of child one of father & mother

\_\_\_\_\_  
Signature with Seal / Stamp