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**C. Mother's Information**

Mother's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Personal Identification Number: (Citizenship or Passport): \_\_\_\_\_

Occupation:  Business  Service  Other \_\_\_\_\_

Name of the organization/Business: \_\_\_\_\_

Address of the Organization/Business: \_\_\_\_\_

Position: \_\_\_\_\_ Phone (Office) \_\_\_\_\_

**Contact Info**

Country: \_\_\_\_\_ Province: \_\_\_\_\_

Municipality: \_\_\_\_\_ Ward No: \_\_\_\_\_

Street: \_\_\_\_\_ House No: \_\_\_\_\_

Professional Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Preferred Email:  Professional Email  Personal Email:

Phone (Res): \_\_\_\_\_ Mobile No: \_\_\_\_\_

**D. Father's Information**

Father's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Personal Identification No. (Citizenship or Passport): \_\_\_\_\_

Occupation:  Business  Service  Other \_\_\_\_\_

Name of the Organization/Business: \_\_\_\_\_

Address of the Organization/Business: \_\_\_\_\_

Position: \_\_\_\_\_

Phone (Office) \_\_\_\_\_

**Contact Info**

Country: \_\_\_\_\_

Province: \_\_\_\_\_

Municipality: \_\_\_\_\_

Ward No: \_\_\_\_\_

Street: \_\_\_\_\_

House No: \_\_\_\_\_

Professional Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Preferred Email:  Professional Email  Personal Email:

Phone (Res): \_\_\_\_\_

Mobile No: \_\_\_\_\_

**E. Authorized Local Guardian's information (Other than parents)**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Phone (Res): \_\_\_\_\_

Phone (Office): \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

**F. School Transportation**

Need for school transportation service?  Yes  No

If "Yes", Please mention the nearest landmark: \_\_\_\_\_

If "No", Please mention how the child will come/the mode of transportation: \_\_\_\_\_

**G. Additional Information**

1. Why did you decide to choose Adhyayan School for your child's education?

\_\_\_\_\_

2. How did you find out about Adhyayan School?

Friends  Teachers  Relatives  School Website

Social Media  Other: \_\_\_\_\_

**H. Further details of Student**

Please complete the following:

Does the child have any siblings for admission in Adhyayan School?  Yes  No

If "YES"

S.N.	Name of the Sibling	Gender	Grade	Age

1. What does your child enjoy the most?

- Games & Sports       Mathematics       Reading       Writing       Social Interaction  
 Creative and Expressive Arts       Other \_\_\_\_\_

2. What are your child's strengths and areas of interest?

- Games & Sports       Mathematics       Reading       Writing       Social Interaction  
 Creative and Expressive Arts       Other \_\_\_\_\_

3. Which subjects does your child find most challenging?

- Games & Sports       Mathematics       Reading       Writing       Social Interaction  
 Creative and Expressive Arts       Other \_\_\_\_\_

4. Please list five things that you would like us to know about your child.

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5. Who looks after your child in your absence?

- Relatives       Grand Parents       Other \_\_\_\_\_

6. Does your child need special care/support in the class? If "Yes", please explain what kind of special care/support is needed?

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**I. Declaration**

All the information provided on this application form is correct, complete and true to the best of our knowledge and belief. I/We understand that any false information will lead to the cancellation of his/her admission.

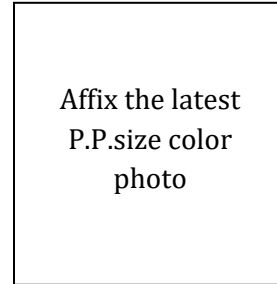
Mother



\_\_\_\_\_

Name and Signature of Mother

Father



\_\_\_\_\_

Name and Signature of Father

Date: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Name: \_\_\_\_\_

Form No.: \_\_\_\_\_

Date: \_\_\_\_\_

Director: \_\_\_\_\_

Referred by: \_\_\_\_\_

\*Things to be submitted at the time of admission (Birth Certificate, Report card and transfer certificate of previous school (Not applicable for P.G), Immunization record, Recent 4 Pp size photo.)\*

\_\_\_\_\_

Principal