



PHOTOGRAPH

(Please attach recent passport size photograph)

We, _____ and _____ understand and agree that the registration of my son/daughter/ward whose particulars are given below is admitted as a student in your Academy.

APPLICANT'S INFORMATION

First Name		Middle Name		Last Name	
Date of Birth	Date		Month		Year
Date of Birth in words					
Class for which admission is sought					
Subject					

RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

Telephone No.		Telephone No.	
Mobile No.		Mobile No.	
Email ID.		Email ID	

Emergency Contact Numbers (Mobile No.)	Name of the person to be contacted	Relationship with the student

Father's Details

Mother's Details

Name		Name	
Occupation		Occupation	
Mobile No.		Mobile No.	
Email ID		Email ID	

Present School	School Name, Address, Telephone

Blood Group	
Allergy (if any)	

I hereby certify that the information given in the admission form is complete and accurate.

Signature of Father

Signature of Mother

Note: Please attach a copy of mark sheet or report card for previous year.