

Address: Captain Upmayu Singh Road Near Bansi Plaza, City Center, Patel Nagar, Gwalior, Madhya Pradesh

## **Application Form**

		Regist	tration Numbe	er		
Applicant's Details						
Surname (Family Name)						
Forename (First Name)						
Middle Name						
Gender	Male	Fema	le			
Admission sought for	Class					
Date of Birth	dd/mm/yyyy	У	Age of Ap	oplicant March 2019)		
Contact number for SMS (DND deactivated) Nationality			(43 0.1 3 1			
Passport Number (If any)			SSSIM Nu	umber		
Aadhaar Card Number			SSSIM UI	D		
1 <sup>st</sup> Language			2 <sup>nd</sup> Langu	ıage		
Additional Languages Known						
Category	Gen	ОВС	ST	SC		
Religion						
<b>Siblings Information</b> Name(s) of siblings		Age	Name(s) of t School	the siblings curr	ently atten	ding Aditya
Has any of the applicant's siblings	attended Ad	itya School ir	n past?	No	Yes	
If yes, please provide full name and year of leaving school						
School History Has your child been to school bef	ore?			No	Yes	
If yes, please provide previous school name						

<ul> <li>Parent/Guardian Det</li> </ul>		
	Father	Mother
Full Name		
Nationality		
Mobile Number		
Email Id		
Occupation		
Employer		
<b>Guardian Information</b>		
Full Name		
Nationality		
Mobile Number		
Email Id		
Occupation		
Employer		
Applicant lives with	Both Parents Mother	Father Other
If other, please specify		
<ul> <li>Emergency Contact I</li> </ul>	Information —————	
Name	Relation to a	pplicant
Address		
Pin code	Country	

Phone/Landline

## Please submit the following:

- Three passport size photographs of the child
- 1 passport size photograph of mother, father and guardian
- Proof of Residence

Mobile

- Medical Fitness Certificate
- Copy of Aadhaar card and Samagraha Id
- Date of birth certificate (photocopy)
- Vaccination chart (photocopy)
- Transfer certificate (original)
  Marksheet (photocopy)

Bank account details (in case you are choosing the online payment)

— Medical Informa	ition ——				
Blood Group					
Eye Glasses	No	Yes	Hearing Difficulty	No	Yes
If yes, please specify			If yes, please specify		
Dietary Restrictions				No	Yes
If yes, please specify					
Drug Allergies				No	Yes
If yes, please specify					
Food Allergies				No	Yes
If yes, please specify					
Any Allergies				No	Yes
If yes, please specify					
Any surgeries undergo	one			No	Yes
If yes, please specify					
Is your child under an	y special medic	ation?		No	Yes
If yes, please specify					
Other Health Concerns					

Pick up/Drop Facility −			
Whether availing of transport fac	cility No	Yes	
The following people are author	orized to pick up the	child	
Name			
Contact			
Relationship			
Name			
Contact			
Relationship			
Name			
Contact			
Relationship			
Pick up address			
Drop address			

Tell Us Something About Your Child					
Learning Ability:	Excellent	Very Good	Good	Average	Needs Improvement
Hobbies:					
	Sports	Dan	ce	Mu	ısic
Please Specify					
Please Specify	Theater	Fine	Arts	Ар	plied Arts
r rease speeing					
	Media	Desi	gn	Rol	botics
Please Specify					
Any Other					
How would you	describe your child's	Behaviour: (Tick	all that may apply	1)?	
Amiable	Patient	Introvert	Extrovert	Talkative	Disciplined
	Volatile	Short-	Rude		
Respectful	(Quick Mood Change)	tempered	Rude	Hyperactive	responsible
Courteous	Any Other				
Conoral Habits	(Tick all that may a	unnly)			
	ur child's learning ha				
Meticulous	_	Organised	Gets distracted	easily	Takes longer to complete tasks
	assistance than usu				
Need Hole	assistance than asu	a. Tary Oction			

Your Child and Your Family					
Tell us more abo	ut your child, your family and	the home environment			
Dreams and Care	eer Goals:				
What career goal Please share det		ur child? Has your child shown a	ny specific interests?		
	To Eat	To Do	To be with		
Your Child Likes					
	To Eat	To Do	To be with		
Your Child DisLikes					

## **Terms and Conditions**

- Admission form must be filled in with due care by the parents/guardian. Any change in residential address, mobile numbers etc. should be informed to the school in writing duly signed by parents/guardian (changes would not be accepted over phone or sms).
- Original transfer certificate from previous school and proof of education of child (photocopy of marksheet/report card) should be submitted before the academic year begins.
  - Note: In case of inter-state transfer, TC must be produced duly countersigned by the Inspecting officer/DEO with respect to school affiliated to state boards and by the Regional officer in case of schools affiliated to CBSE.
- Any misbehaviour/misconduct by the student/parent/guardian will lead to rustication of the student without any prior notice.
- If you wish to avail school transport, please enquire about the routes in operation at the time of admission. Request for diversion or modification of the existing routes may be considered but the decision will be taken by transport in-charge.
- School management is authorised to make any of the following changes in transport with prior notice/intimation to the parents.
  - a. Change in pick-up and drop timings
  - b. Change in pick-up and drop points
  - c. Change in order of pick-up and drop points

For detailed Terms & Conditions, Please refer to the Parent Handbook

I hereby declare that the above information is true to the best of my knowledge

Date: Signature: