

AMITY INTERNATIONAL SCHOOL, VASUNDHARA

ADMISSION FORM

[Write in Capital Letters]

Form No. _____

Admission No. _____

Please affix a recent
colour photograph
of the child

We, _____ and _____, desire
(Name of the Father / Gardian) (Name of the Mother / Gardian)

to have our son / daughter / ward whose particulars are given below admitted as a day scholar in your School:

INFORMATION ON CHILD

Last Name

First Name

Gender

Male Female

Date of Birth

D	M	Y
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Date of Birth in Words

Religion

Class for which Admission is sought

Nationality

SC/ST

YES NO

RESIDENTIAL ADDRESS

Tel.:
Fax:

CORRESPONDENCE ADDRESS

Tel.:
Fax:

Emergency Contact Telephone Numbers :

FAMILY INFORMATION

Father/Guardian :

Name :	Age :	Nationality :
Educational Qualification :	Institution :	
Organisation Working for :	Office Address :	
Designation :		
Annual Income :	Tel.:	

Mother/Guardian :

Name :	Age :	Nationality :
Educational Qualification :	Institution :	
Organisation Working for :	Office Address :	
Designation :		
Annual Income :	Tel.:	

SCHOOL:

Previous School Attended, if any: _____ (recognised/not recognised)
 We herewith submit the School Transfer Certificate in Original. For class V & above the TC has been counter signed by the concerned State Education Authority.

PROOF OF AGE :

We solemnly declare that the date of birth of the child given above is as per the Birth Certificate which is produced for verification. A certified copy is also enclosed.

IMPORTANT :

Transfer Certificate for Class I & above. The Transfer Certificate for Class V & above must be counter signed by the concerned State Education Authority.

SIGNATURES :

I hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. I have read and do hereby consent to the Terms and Conditions being enclosed with the Registration Form.

Signature of Father/Guardian

Signature of Mother/Guardian

Date : _____ Date : _____

FOR SCHOOL USE ONLY

Check-List :	Information on Student
<input type="checkbox"/> Medical Form	Class :
<input type="checkbox"/> Birth/Transfer Certificate	Section :
<input type="checkbox"/> Transportation Form	House Allotted :
<input type="checkbox"/> PTA Form	Head of the Institution : _____
<input type="checkbox"/> Admission Fees	Date : _____
Bursar : _____	
Date : _____	