AMITY INTERNATIONAL SCHOOL, VASUNDHARA

ADMISSION FORM

[Write in Capital Letters]

Admission No. ______________

We, ___________________________ and ___________________________, desire 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

Date of Birth

Date of Birth in Words

Nationality

Religion

Class for which Admission is sought

Nationality

SC/ST

RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

Tel.: 

Fax:

Tel.: 

Fax:

Emergency Contact Telephone Numbers :

FAMILY INFORMATION

Father/Guardian :

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Qualification</td>
<td></td>
<td>Institution</td>
</tr>
<tr>
<td>Organisation Working for</td>
<td></td>
<td>Office Address</td>
</tr>
<tr>
<td>Designation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Income</td>
<td>Tel.:</td>
<td></td>
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</tbody>
</table>
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.

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.

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:

- Medical Form
- Birth/Transfer Certificate
- Transportation Form
- PTA Form
- Admission Fees

Information on Student

Class: ____________________________

Section: ____________________________

House Allotted: ____________________________

Head of the Institution: ____________________________

Date: ____________________________

Date: ____________________________