



APPLICATION FOR ADMISSION

DETAILS OF THE CHILD

Name of the Pupil (Block letters as in Birth Certificate)					Class :							
Date of Birth			Age as on 01 June 20_____			Years		Month		Days		
In words :					Blood Group		Identification mark :					
Place of Birth			Nationality		Mother Tongue		Religion*		Sex			
									M <input type="checkbox"/> F <input type="checkbox"/>			
Any Allergies : Yes / No			SC <input type="checkbox"/>		ST <input type="checkbox"/>		OBC <input type="checkbox"/>		GEN <input type="checkbox"/>		MIN <input type="checkbox"/> Others <input type="checkbox"/>	
Any Specific talents / Interest (Sports and Fine Arts)												
Please mention a few positive traits in your child;												
Any physical disability(If yes provide details) :						Any evidence of learning disability :						
Yes <input type="checkbox"/> No <input type="checkbox"/>						Yes <input type="checkbox"/> No <input type="checkbox"/>						
Any other health concerns(Please specify) :												
Sibling-1: Name :					School :				Class			
Sibling-2: Name :					School :				Class			

DETAILS OF PARENTS (IN BLOCK LETTER)

	Father	Mother
Father		
Name		
Educational Qualification		
Occupation / Profession		
Designation		
Organisation / Company		
Designation		
Office Address		
Residence Address		
Annual Income :		Annual Income :
Details of Previous Schooling (Please enclose copy of card, if any)		
Name of the school :		
Address :		
Date of Joining :	Date of Withdrawal :	Class :
Reason for Withdrawal :		

FOR OFFICIAL COMMUNICATION

Father's Name :	Mother's Name :
Mob Number :	Mob Number :
Email :	Email :
Guardian / Escort Person Details (In case of emergency and both parents are not available)	
Guardian's Name :	Relation to Child :
Mob Number :	Res Number :
Referrer's Name:	Relation to Child :
Mob Number :	Res Number :
Mode of travel : School Bus <input type="checkbox"/>	Own Transport <input type="checkbox"/>
Any other relevant information :	

DECLARATION

I hereby certify that the above information is correct to the best of my knowledge and belief. I also agree that the first decision of the school regarding giving priority for grant of admission will be according to geographical proximity of residential address and will be final and binding on me. Fee structure is subject to revision, annually, with a minimum 10 to 15 percent increase to offset escalation of costs by way of salaries, maintenance, material expenditure, etc, as Airaa Montessori Academy is a self financing institution.

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Signature of Mother with date

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Signature of Father with date

FOR OFFICE USE ONLY

Receipt No : Date : Date of Submission :

Bangalore :

Remarks of Principal: Class.....

Date:

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Signature of Father with date

PLEASE AFFIX A RECENT PHOTOGRAPH OF CANDIDATE **WITH NAME AND DATE PRINTED.**

PLEASE AFFIX A COPY OF AADHAR CARD

PLEASE AFFIX A COPY OF CASTE CERTIFICATES (AS DECLARED ABOVE)

PLEASE ATTACH COPY OF BIRTH CERTIFICATE **WITH CANDIDATE'S NAME.**

PLEASE ATTACH COPY OF IMMUNISATION REPORT FROM REGISTERED MEDICAL AUTHORITY.

PLEASE SUBMIT: 4 PASS PORT SIZE AND 4 STAMP SIZED PHOTOGRAPHS (RECENT)

PLEASE SUBMIT: PROGRESS REPORT AND TRANSFER CERTIFICATE (CLASS 1 ABOVE) OF PREVIOUS SCHOOL/ MONTESSORI

INCOMPLETE FORMS WILL BE REJECTED.

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Signature of Office Staff