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Admission Form

Form Number :

Academic Year : ☐☐ - ☐☐

G.R. Number :

Seeking Admission in :

Please attach a recent passport size colour photograph of the child.

TO BE COMPLETED BY PARENT / GUARDIAN

LEARNER'S PERSONAL DETAILS

Full Name :

Date of Birth : ☐☐ / ☐☐ / ☐☐

Gender : ☐ **Male** ☐ **Female**

Nationality :

Blood Group :

Mother Tonuge :

Other Languages :

Name of Previous School :
(If applicable)

Any Special Learning Needs (Please state in detail. This information will help us in assisting your child.):

Which medium does your child learn best with the auditory/visual/kinesthetic/spatial?

☐ **Auditory** ☐ **Visual** ☐ **Kinesthetic** ☐ **Spatial**

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Rajpath Bungalow Road, Bodakdev, Ahmedabad

RESIDENTIAL ADDRESS & FAMILY INFORMATION

Residential Address :

Residence No :

City :

State :

Zip Code :

MOTHER'S DETAILS

Full Name :

Educational Qualification(s) :

Profession :

Designation :

Name of Organisation :

Office Address :

Office Number :

Mobile Number :

Email :

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FATHER'S DETAILS

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Full Name :

Educational Qualification(s) :

Profession :

Designation :

Name of Organisation :

Office Address :

Office Number :

Mobile Number :

Email :

GUARDIAN'S DETAILS

Full Name :

Educational Qualification(s) :

Profession :

Designation :

Name of Organisation :

Office Address :

Office Number :

Mobile Number :

Email :

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SIBLING DETAILS

Full Name :

Gender : ☐ **Male** ☐ **Female**

Name of School :
(If applicable)

Grade :
(If applicable)

Full Name :

Gender : ☐ **Male** ☐ **Female**

Name of School :
(If applicable)

Grade :
(If applicable)

If divorced or separated , legal custody of the child is with: ☐ **Mother** ☐ **Father** ☐ **Guardian**

In case of Emergency Call Order of Priority with 1st, 2nd, 3rd?

1st Relation : **Number :**	**2nd Relation :** **Number :**	**3rd Relation :** **Number :**

Where did you hear about us?

☐ **Social Media** ☐ **Word of Mouth** ☐ **Any other Source** _____

☐ **Location of School** ☐ **Friend Recommendation** ☐ **School Infrastructure** ☐ **Curriculum**

☐ **Safety Standards** ☐ **Teachers and Faculty** ☐ **Any Other** _____

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We give Ren Montessori Preschool permission to take photographs and / or video of my child. YES/NO

We grant Ren Montessori Preschool permission for the child's video/photo/image and name to be published on the school website, school newsletter, school events, classroom displays, bulletin, advertisements/hoarding/school brochures, any other marketing material, Facebook page, or other social media outlets and publications. YES/NO

DECLARATION

I / We confirm that all the information provided by me/us is correct.

I / We further agree to inform the school promptly, in writing, of any subsequent changes. We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

Date :	Mother's Signature	Father's Signature

LIST OF DOCUMENTS TO BE SUBMITTED WITH THE ADMISSION FORM

- [ ] 6 photographs of the child (1 to be pasted on the form)
- [ ] 1 certified copy of the birth certificate
- [ ] 1 certified copy of the report card of previous school/s (if applicable)
- [ ] 1 certified copy of the address proof
- [ ] 1 certified of the Aadhar Card (for all applicants residing in India)

FOR SCHOOL OFFICE USE ONLY

Submission Date :		Date of Fee Receipt :	
Admission in :		Time/Batch Preference :	
Fee Receipt No :		Signature of Administrator:	

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Health Form

Learner's Name :

Date of Birth : / /

Gender : Male Female

Blood Group :

Weight :

Height :

Family Doctor's Name :

Hospital Name and Address:

Hospital Contact Number :

Eye test record:

In case of emergency; if Parent or Guardian is not immediately available contact:

Friend or Relatives Name:

Contact Number :

If you doctor prescribes any recommendations or restrictions during the academic year regarding your child's health, please submit the recommendation or certificate to the school as soon as possible. Otherwise your child will be considered "physically fit" and able to participate in Physical Education (P.E.) activities required by the curriculum and other activities that maybe part of the school program.

HEALTH INFORMATION

Does your child take any medications on a regular basis? Yes No

If yes, list the medication(s), dosage and how often taken.

Does your child have any dietary restrictions? Yes No

If yes, please list the restrictions.

Any other information the school should know (serious illnesses/hospitalisations)**:**

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My child has :

(Asthma/Haemophilia/Epilepsy etc.)

My child is allergic to :

(mention any food/medicines/animals/materials - chalk, sand, etc.)

Please submit a photocopy of all medical tests and reports of any ailments that the child has had in the past.

Medicine administration

If a child requires any medicines to be administered during the school hours, please send a written note for the same. No verbal communication will be entertained.

The school shall take emergency measures in case an emergency situation arises out of an accident/violent injury/medical or surgical emergency with the understanding that the parent/guardian of the child shall be notified/informed as soon as possible. The school shall not accept responsibility for making payments or reimbursing any expenses incurred or associated with the medical treatment.

The parent does not hold the school responsible for any action of the school or its staff/employees for any untoward incident and indemnifies the school of the same. I hereby verify that I have read, understood and accepted the statement above.

☐ **Yes** ☐ **No**

Ren Montessori Preschool will take utmost care of children when they are in school custody and ensure that it shall comply with all possible safety measures to prevent any accident or mishap.

Level : **Date :** ☐☐ / ☐☐ / ☐☐

Mother's Signature	**Father's Signature**	**Guardian's Signature**

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