

# Student Admission Form



**GR**  
**MONTESSORI**  
**SCHOOL**

Loving, Growing & Serving Kids

Form NO.: \_\_\_\_\_

ADMISSION NO. \_\_\_\_\_

Attach a recent  
passport size color  
photograph

Admission Seeking In:  Play Group  Nursery  Mont -1  Mont -2

To be completed by Parent / Guardian.  
Please use CAPITAL LETTERS to complete the form



## Candidate's Personal Details:

Student's Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)  
Date of Birth: DD / MM / YYYY Gender:  Male  Female (Please tick Appropriate)  
Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
First Language: \_\_\_\_\_ Other Languages Known: \_\_\_\_\_



## Residential Address & Family information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ PIN Code: \_\_\_\_\_

### Father:

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)  
E-mail: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_  
Profession: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

### Mother:

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)  
E-mail: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_  
Profession: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

### Guardian: (if Applicable)

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last) E-mail: \_\_\_\_\_  
Relation with student: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_



continue on next page



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



1<sup>st</sup> Relation: \_\_\_\_\_ 2<sup>nd</sup> Relation: \_\_\_\_\_ 3<sup>rd</sup> Relation: \_\_\_\_\_  
 Number: \_\_\_\_\_ Number: \_\_\_\_\_ Number: \_\_\_\_\_



## Sibling Information:

### Sibling 1

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)

Date of Birth: DD / MM / YYYY Gender:  Male  Female (Please tick Appropriate)

School Name: \_\_\_\_\_ Class: \_\_\_\_\_



## Reference Details:

Reference Through: \_\_\_\_\_

Address with Tel 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. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent / Guardian)



## For School office use only

### Checklist:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Birth Certificate    | <input type="checkbox"/> Passport Copy | <input type="checkbox"/> School Report       | <input type="checkbox"/> Transfer Certificate |
| <input type="checkbox"/> Passport size Photos | <input type="checkbox"/> Medical Form  | <input type="checkbox"/> Transportation Form | <input type="checkbox"/> Admission Fees       |

Name of the Student: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_

Transport Facility Required : Yes  No.  Stoppage \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Admission Officer)