



**PARENT'S DETAILS:**

Please tick (✓) (**Father/ Mother/ Guardian**)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Indicate below if any real brother/ sister of above mentioned child is currently studying in this school.

- |          |              |
|----------|--------------|
| 1. _____ | Class: _____ |
| 2. _____ | Class: _____ |
| 3. _____ | Class: _____ |
| 4. _____ | Class: _____ |
| 5. _____ | Class: _____ |

**MEDICAL INFORMATION:**

- Is your child suffering from any disease, disability, or chronic condition?  
 No  Yes (If yes, please specify): \_\_\_\_\_

If Yes, kindly attach a detailed medical report from your child's doctor or hospital.

- Is your child currently taking any regular medication?  
 No  Yes (If yes, please specify below):

Medicine Name(s): \_\_\_\_\_  
Dosage and Frequency: \_\_\_\_\_  
Since When: \_\_\_\_\_  
Prescribed by: \_\_\_\_\_

- Is your child allergic to any medicine, food, insect bite, or environmental factor?  
 No  Yes (If yes, list all known allergies):

\_\_\_\_\_

Describe allergic reaction: \_\_\_\_\_

Any emergency medication (e.g., EpiPen):  Yes  No

- Has your child undergone any surgery or hospitalization?  
 No     Yes (If yes, please provide details and date):

\_\_\_\_\_

- Vaccination Record (attach copy if available):  
 Up to date     Not up to date     Don't know

**PARENT/GUARDIAN DECLARATION**

I certified that all information given above is complete, accurate and correct to the best of my knowledge and I understand that withholding information or giving false information will make my son/ daughter ineligible for admission and future enrolment.

Date of application: \_\_\_\_\_ Signature: \_\_\_\_\_

Please tick (✓) (Father/ Mother/ Guardian)

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**For office use only:**

Date of Admission: \_\_\_\_\_ Admitted to Class: \_\_\_\_\_ Admission No.: \_\_\_\_\_

AVP Morning/AVP Evening: \_\_\_\_\_

Vice Principal: \_\_\_\_\_

**Approved Principal:** \_\_\_\_\_