



## Additional Info

Name & Class of any brother (s) & sister (s) already attending the school

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## Last Schooling Info

Class \_\_\_\_\_ Passed with \_\_\_\_\_ Years \_\_\_\_\_

Schools Name & Address : \_\_\_\_\_

*Note - Attach a Xerox copy of the Transfer Certificate of the previous school*

## Transportation

Join transport facility  Yes  No.

## Medical Information of the child

Blood Group : -

Immunization details(Attach Photocopy of Immunization)

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Specific disease suffered in the Past (If any)

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Under gone any surgery in the past (If any)

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Allergies (If any)

Any illness for which the child is on regular medication

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## For office use

Reg No. \_\_\_\_\_ Admission for session \_\_\_\_\_ & Class \_\_\_\_\_ Sec \_\_\_\_\_

Roll No. \_\_\_\_\_ Acnt. No. \_\_\_\_\_ Any Special Remark \_\_\_\_\_

Tuition Fee \_\_\_\_\_ Conveyance Fee (If) \_\_\_\_\_ Security \_\_\_\_\_

Made of Fee - Yearly  Monthly

\_\_\_\_\_  
Signature of the Adms.  
Incharge with Seal