



Application Form

Admission Number

Registration Number

Year

Applicant's Details

Name				Photo
Middle Name				
Last Name				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Address				
Admission sought for	Class			
Date of Birth	dd/mm/yyyy	Age of Applicant		
Nationality		Passport Number (If any)		
Aadhaar Card Number		SSSM ID		
1 st Language		2 nd Language		
Additional Languages Known				
Category	<input type="checkbox"/> Gen	<input type="checkbox"/> OBC	<input type="checkbox"/> ST	<input type="checkbox"/> SC
Religion				

Siblings Information

Name(s) of siblings	Age	Name(s) of the siblings currently attending Aditya School

Has any of the applicant's siblings attended Aditya School in past? ☐ No ☐ Yes

If yes, please provide full name
and year of leaving school

School History

Has your child been to school before? ☐ No ☐ Yes

If yes, please provide
previous school name

Parent/Guardian Details

Father

Full Name

Nationality

Mobile Number

Email Id

Occupation

Employer

Mother

Guardian Information

Full Name

Nationality

Mobile Number

Email Id

Occupation

Qualifications

Applicant lives with

☐

Both Parents

☐

Mother

☐

Father

☐

Other

If other, please specify

Emergency Contact Information

Name

Relation to applicant

Address

Pin code

Country

Mobile

Phone/Landline

Please submit the following:

- Three passport size photographs of the child
- 1 passport size photograph of mother, father and guardian
- Proof of Residence
- Medical Fitness Certificate
- Copy of Aadhaar card and Samagraha Id
- Date of birth certificate (photocopy)
- Vaccination chart (photocopy)
- Transfer certificate (original)
- Marksheet (photocopy)

Bank account details (in case you are choosing the online payment)

Medical Information

Blood Group

Eye Glasses

☐

No

☐

Yes

If yes, please specify

Hearing Difficulty

☐

No

☐

Yes

If yes, please specify

Dietary Restrictions

☐

No

☐

Yes

If yes, please specify

Drug Allergies

☐

No

☐

Yes

If yes, please specify

Food Allergies

☐

No

☐

Yes

If yes, please specify

Any Allergies

☐

No

☐

Yes

If yes, please specify

Any surgeries undergone

☐

No

☐

Yes

If yes, please specify

Is your child under any special medication?

☐

No

☐

Yes

If yes, please specify

Other Health
Concerns

Pick up/Drop Facility

Whether availing of transport facility ☐ No ☐ Yes

The following people are authorized to pick up the child

Name	<input type="text"/>
Contact	<input type="text"/>
Relationship	<input type="text"/>

Name	<input type="text"/>
Contact	<input type="text"/>
Relationship	<input type="text"/>

Name	<input type="text"/>
Contact	<input type="text"/>
Relationship	<input type="text"/>

Pick up address	<input type="text"/>
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Drop address	<input type="text"/>
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Tell Us Something About Your Child

Learning Ability: ☐ Excellent ☐ Very Good ☐ Good ☐ Average ☐ Needs Improvement

Hobbies:

	Sports	Dance	Music
Please Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Theater	Fine Arts	Applied Arts
Please Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Media	Design	Robotics
Please Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any Other

How would you describe your child's Behaviour (Tick all that may apply)?

<input type="checkbox"/> Amiable	<input type="checkbox"/> Patient	<input type="checkbox"/> Introvert	<input type="checkbox"/> Extrovert	<input type="checkbox"/> Talkative	<input type="checkbox"/> Disciplined
<input type="checkbox"/> Respectful	<input type="checkbox"/> Volatile (Quick Mood Change)	<input type="checkbox"/> Short-tempered	<input type="checkbox"/> Rude	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Responsible
<input type="checkbox"/> Courteous	Any Other <input type="text"/>				

Tell us about your child's learning Behaviour (Tick all that may apply)

<input type="checkbox"/> Meticulous	<input type="checkbox"/> Motivated	<input type="checkbox"/> Organised	<input type="checkbox"/> Gets distracted easily	<input type="checkbox"/> Takes longer to complete tasks
<input type="checkbox"/> Need more assistance than usual				
Any Other <input type="text"/>				

Principal Signature

Parents Signature

Your Child and Your Family:

Tell us more about your child, your family and the home environment

Dreams and Career Goals:

What career goals have you envisioned for your child? Has your child shown any specific interests?

Please share details

Your Child Likes	To Eat	To Do	To be with
Your Child Dislikes	To Eat	To Do	To be with

Terms and Conditions - *For detailed Terms & Conditions, Please refer to the Parent Handbook*

- Admission form must be filled in with due care by the parents/guardian. Any change in residential address, mobile numbers etc. should be informed to the school in writing duly signed by parents/guardian (changes would not be accepted over phone or sms).
- Original transfer certificate from previous school and proof of education of child (photocopy of marksheet/report card) should be submitted before the academic year begins.
Note: In case of inter-state transfer, TC must be produced duly countersigned by the Inspecting officer/DEO with respect to school affiliated to state boards and by the Regional officer in case of schools affiliated to CBSE.
- Any misbehaviour/misconduct by the student/parent/guardian will lead to rustication of the student without any prior notice.
- If you wish to avail school transport, please enquire about the routes in operation at the time of admission. Request for diversion or modification of the existing routes may be considered but the decision will be taken by transport in-charge.
- School management is authorised to make any of the following changes in transport with prior notice/intimation to the parents.
 - Change in pick-up and drop timings
 - Change in pick-up and drop points
 - Change in order of pick-up and drop points

I hereby declare that the above information is true to the best of my knowledge

For Office Use

Registration Number

Admission Number

Date

Principal Signature