****

**Admission Form**

**Admission Number:\_\_\_\_\_\_\_\_**

Please affix recent passport size photo

 of student

Grade Entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year: \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of student |  |
| *First Name Middle Name Surname* |
| Gender | Male 🞎 Female 🞎 | Blood Group |  |
| Date of Birth |  (DD/MM/YYYY) | Place of Birth |  |
| Nationality |  |
| Complete Home Address |  |
| Religion: | Caste: General / SC / ST/ OBC | Subcaste: |
| Aadhar Card # | APL / BPL # | Bhagyalakshmi Bond # |
| (Some of the information in shaded rows above is required as per the S.S. Code of Karnataka. This information will be kept confidential) |
| Parents’ / Guardians’ Details | Father | Mother | Other / Legal Guardian (only if student does not live with parents) |
| Name |  |  |  |
| Mobile number |  |  |  |
| Email ID |  |  |  |
| Home Address (if different from student’s) |  |  |  |
| Parents’ / Guardians’ Details | Father | Mother | Other / Legal Guardian (only if student does not live with parents) |
| Occupation |  |  |  |
| Designation |  |  |  |
| Place of Employment |  |  |  |
| Work Phone |  |  |  |

|  |  |
| --- | --- |
| Language(s) spoken at home |  |
| Schools Previously Attended | School Name | Grades Attended | Academic Year |
|  |  |  |
|  |  |  |
|  |  |  |

Student lives with 🞏 Both Parents 🞏 One Parent 🞏 Other 🞏 Legal Guardian

Details of Siblings

|  |  |  |
| --- | --- | --- |
| Name | Age/Grade | School |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Emergency Information**

|  |  |
| --- | --- |
| Emergency contact Person |  |
| Emergency contact Number |  |
| Does your child have any Allergies? If ‘yes’, please mention allergen and explain his/her response to the allergen as well as immediate treatment recommended |  |
| Does your child have any physical, medical, psychological, emotional or behavioural issues? If ‘yes’ please explain and provide relevant documents. |  |

**Emergency Permission**

I give my consent for emergency measures to be taken in case of an emergency situation arising due to an accident / injury / medical or surgical emergency with the understanding that I (the father / the mother / the guardian of the child) shall be notified / informed as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine / treatment in both emergency and non-emergency situations, though necessary precautions are taken.

**Declaration (To be signed by Parent / Guardian)**

1. The information furnished by me/us in this application is true to the best of our knowledge and belief.
2. I/We acknowledge that, upon acceptance, I/We agree to pay the applicable fee and abide by the payment schedule. Fees once paid are non-refundable and non-transferable.
3. I/We declare that all previous medical and psychological histories are correctly reported on the Admission Form.
4. I/We permit the school to use our child's photo/video for appropriate promotional activities.
5. I/We understand that all reasonable precautions will be taken by the school for my child’s safety to avoid injuries and accidents during sports and other activities. I/we will not hold the school or its personnel responsible for any minor/major injuries and accidents that may occur despite reasonable precautions in school and/or while participating in sports activities and events.

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

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s / Guardian’s Signature

**Saandeepani Academy for Excellence, 90/75, Sompur Gate, Sarjapur, Bangalore 562125**

**Email:** **saandeepani.academy@gmail.com****; Website:** [**www.saandeepani.in**](http://www.saandeepani.in)**; Phone: 99805 70075**

**FOR OFFICE USE ONLY**

**Application Check List:**

🞏 Copy of Birth Certificate 🞏 5 Passport Size Photographs

🞏 Copy of the Vaccination Card 🞏 Copy of School Leaving Certificate

🞏 Copy of last 2 Year's Report Cards 🞏 Copy of Passport and visa

 (in case the student is a foreign passport holder)

Does the child need transport facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choice of 2nd Language if entering grades SrKG or above: Kannada / Hindi

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of school staff collecting the form

|  |
| --- |
| Parent Interaction |
|  |
|  |
|  |
|  |
|  |
| Student Placement Test Results |
|  |

Admission Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_