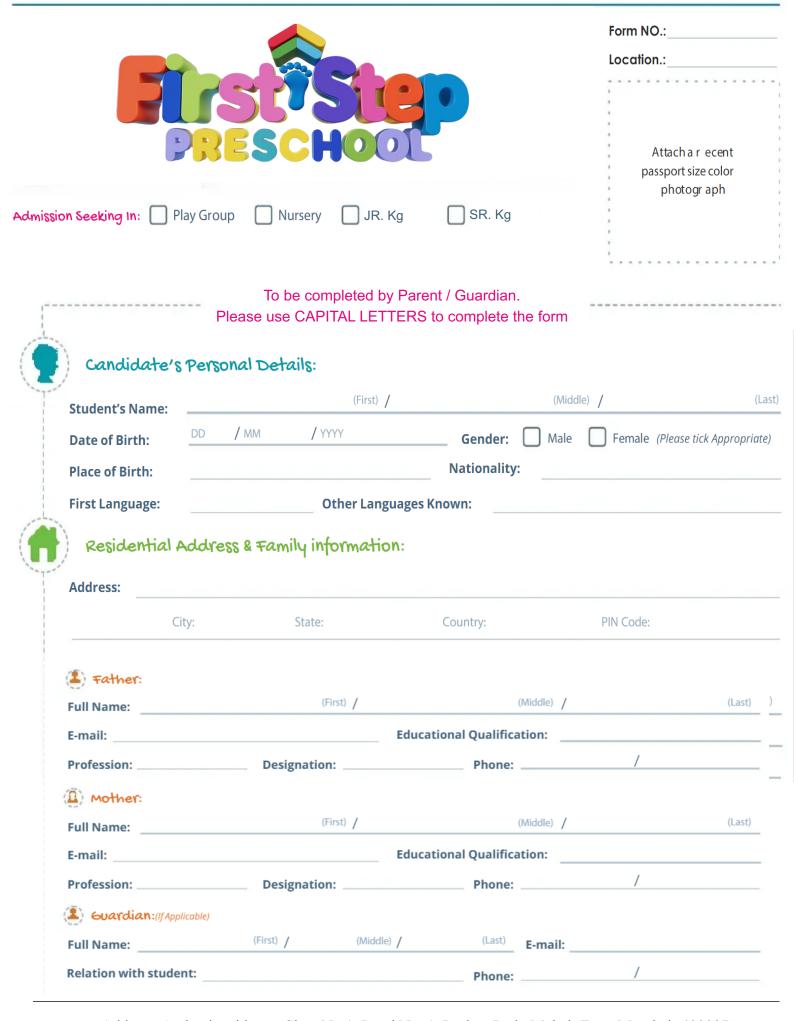
Student Admission Form





Has the student attended a	ny Pre School before?	YES NO
If YES, Name of the School:		
Medical Ailment of the child if any (by birth or any other chronic diseases/ailments):		
Allergies if any:		
Precautions to be taken:		
Please note that medication will not be administered by the teachers during school hours. However, parents may come personally or send an authorised representative to administer any medication.		
Declaration: We declare that the information given above is true.		
Photograph of the Father	Photograph of the Mother	Photograph of the Gradient
Signature of the Father:	Signature of the Mother:	Signature of the Gradient:
Date:	Date:	Date:
Place:	Place:	Place: