SV Educational &Charitable trust®

Aryabhata International School

9th mile gate, Bidarahosahalli road(KM Doddi), Maddur(T) , Mandya(D),
Karnataka-571422.
Contact: 9590 585 585,
e-mail: aryabhata.9thmile@gmail.com
URL: www.aryabhata-internationalschool.com

Admission Date: _____

Admission No: _____

APPLICATION FORM

Affix photo of Father	Affix photo of Mother	Affix photo of Student

Admission required for :

NOTE: IN CAPITAL LETTERS ONLY

We,_____and,_____wish to admit our son/daughter/ward whose particulars are given below as a day scholar at Aryabhata International School.

A. INFORMATION OF THE CHILD

First Name	Middle Name	Last Name

Gender: ☐ Male ☐ Female

Date of Birth: DD MM YY

Date of Birth in words

Blood Group	Religion	Caste	Nationality

Aadhar No

Community: SC/ST ☐ OBC ☐ GEN ☐ OTHERS ☐

Languages known

Mother Tongue

RESIDENTIAL ADDRESS

Father's Mobile No.:
E-mail ID:

Distance from school (in kms): Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Single Parent:
Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard

In case of staff ward: Name of the parent:

B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams

The previous school affiliated to: ☐ STATE ☐ CBSE ☐ ICSE ☐ OTHER

Awards won so far in sports, arts or academics

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY:

Birth Details: Normal ☐ Caesarian ☐ Forceps ☐

Birth Cry: Immediate ☐ Delayed ☐

Discharge from Hospital: _____ (Number of days)

Specialize care given in the hospital: Yes ☐ No ☐

If Yes, NICU : ☐ Extended hospital stay ☐

Explain: _____

_____

HEARING :

Any difficulty observed: Yes ☐ No ☐

Any Consultation with doctor done: Yes ☐ No ☐

If Yes, Explain: _____

_____

Medical information which school should know about your Kid:

Any medication taken for any medical conditions Such as attention deficit / thyroid (hypo/hyper)/any other condition :

_____

_____

Any Medication taken for general wellbeing:

_____

_____

Any Allergy / any medical information that school should be aware of:

_____

_____

VISION :

Use of Spectacles/Corrective Lenses: Yes ☐ No ☐

Any Consultation with doctor done: Yes ☐ No ☐

C. ENCLOSURES (All documents are mandatory at the time of admission)

- ☐ Birth Certificate
- ☐ Transfer Certificate - original copy (if applicable)
- ☐ Study Certificate
- ☐ Vaccination Card Copy
- ☐ Blood Group Report
- ☐ Passport size photos of child (5 copies)
- ☐ Passport size photos of parents (2 each)
- ☐ Aadhar card copy of parents & child
- ☐ Copies of progress report cards for the last 3 years
- ☐ Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

The above documents (recently attested photocopies) must be produced along with the filled application form.

- ☐ Transportation Form (if Required)

Please note: Staple all documents to the top left-hand corner of the application

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D. MISCELLANEOUS

How did you know about Aryabhata International School?

Name of news paper	Website	Name of the Magazine	Others (please specify)/ hoardings/pamphlets/ word of mouth/ catalogue

DECLARATION

I, _____ have the authority to admit my child /ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules. regulations and the fee structure of the school.

Date: _____

Signature of Parent / Guardian _____

For Aryabhata International school office use only

Admission Co-ordinator

Date:

Principal

Date: