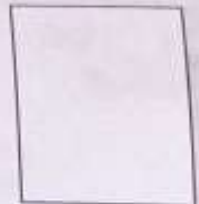




076

Chail Public School

ADMISSION FORM



1. Full Name of the Child : _____
(in Block Letter)
2. Pet/Nick name if any : _____
3. Date of Birth : _____
4. Sex of the child : _____
5. Language spoken at home : _____
6. Likes and Dislikes of the child : _____
7. Aadhaar No. : _____
8. Is the child toilet trained? : _____
9. Can your child eat independently? : _____
10. Is your child currently attending
a pre-school and / or a play home? : _____
11. Preferred date of joining school : _____
12. (a) Father's Name : _____
Academic Qualification : _____

Occupation: _____

Designation: _____

Office address / Ph. No. : _____

E-mail I.D. : _____

(b) Mother's Name : _____

Academic Qualification : _____

Occupation: _____

Designation: _____

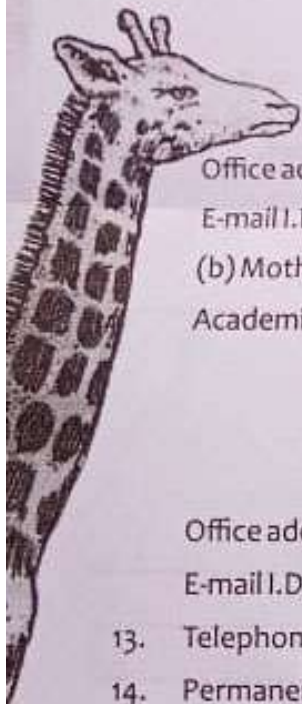
Office address / Ph. No. : _____

E-mail I.D. : _____

13. Telephone No. (Residence) : _____

14. Permanent Address : _____

15. Category (SC/ST/OBC) : _____





- 16. Detail of protective inoculation/
Vaccination done: : BCG Polio Drops Triple Antigen
Any others : _____
Allergies, if any : _____
- 17. Any other medical problem which you
would like to mention, blood group : _____
- 18. Where did you hear about the school? : _____
- 19. In case of emergency whom to contact : Ph.: _____ Mob.: _____
- 20. Your family Doctor name and Ph. No. : _____
- 21. Are there any comments you may wish to make in relation to this application ? i.e. do you
have any special concerns with regard to your child, for example he/she may be extremely
shy.

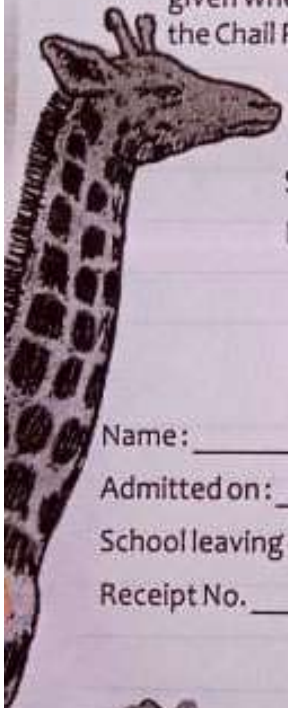
Signature of the parent _____ Dated: _____

Submitting Application

Please enclose a demand draft payable to Managing Director Chail Public School in the amount of Rs. _____ as registration fee with this application, together with a stamped self-addressed envelope and a copy of the birth Certificate.

Declaration

I declare that the information supplied is true and correct. I understand no guarantee is given when applying for admission. I and my ward will abide by the rules and regulations of the Chail Public School in force from time to time and pay the required amount.



Signature of the parent _____ Date: _____
Name: _____

Office Use Only :

Name: _____ Class: _____
Admitted on: _____ Security Deposit: Rs. _____
School leaving date: _____ Admitted to: _____
Receipt No. _____ Dated: _____

Signature of Principal

Chail Chowk (Chachyot) Distt. Mandi (H.P.)
Managed by Abhilashi Group of Institutions

