LITTLE KINGDOM

# MONTESSORY SCHOOL

(NURSERY & PRIMARY)

14-18/2, West of Medical College, Asaripallam - 629201.

Cell: 9965534894, 04652-225699

## APPLICATION FORM

Admission No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Name of the Child**  **(in block letters)** | | **English :**  **Tamil :** | | | | | |
| **2. Date of Birth &**  **Age of the Child** | |  | | | **Year** | **Month** |  |
| **3. Place of Birth** | |  | | | | | |
| **4. Blood Group** | |  | | | | | |
| **Name** | | | | **Qualification** | | **Occupation** | |
| **Father** |  | | |  | |  | |
| **Mother** |  | | |  | |  | |
| **Guardian** |  | | |  | |  | |
| **Address with Pincode**  **Mobile No. Father**  **Mother**  **Guardian** | | |  | | | | |
| **6. Mother Tongue** | | |  | | | | |
| **7. Other Languages Spoken at home** | | |  | | | | |

**8. Particulars of Brothers or Sisters (if the child has any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name | Brother/Sister | Age | Name of their respective Schools |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| **9. Name of the Person to call in emergency**  **Address with telephone No.** | |  | |  |

1. **Nationality**
2. **Religion**
3. **Caste**

### **13. SC ST \ BC \ MBC \ OBC \ OC**

1. **Annual** **income of Parents \ guardian –**



1. **Particulars of other members of the family living with the child (besides parents)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name | | Age | Relationship | Hobbies (if any) |
|  |  | |  |  |
|  |  |
|  |  |
| **16. Has the child been toilet trained?** | |  |  | | |
| **17. Whether Vaccinated upto date** | |  |  | | |
| **18. Does your child suffer from any allergies, fits, convulsions or any other problems which require particular care** | |  |  | | |
| **19. Child's Paediatrician address & Phone No.** | |  |  | | |
| **20. Child's favourite T.V.**  **Programme** | |  |  | | |
| **21. Child's daily routine**  **(From the time he wakes upto till he goes to bed)** | |  |  | | |

**22. Aadhaar No:**

**Father** :

**Mother :**

**Child :**

**23. Identification marks of the Child**

1.

2.

**\*Please attach the Birth Certificate, Aadhaar Card Xerox Signature of Parent / Guardian**

**Transfer Certificate and three Passport size Photos of the Child**

**Notes by the Office: Date: Signature of Principal**