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**