

Sai Heal Your Life Trust

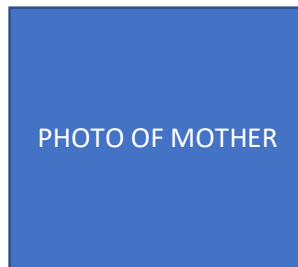


APPLICATION FORM FOR ADMISSION TO

PRESCHOOL NURSERY L.K.G U.K.G Sr. K.G

1st STANDARD

2nd STANDARD



1. NAME OF THE CHILD: _____
2. DATE OF BIRTH: _____
3. GENDER: _____ MALE _____ FEMALE
4. NATIONALITY: _____
5. CURRENT CLASS & SCHOOL _____
6. NAME OF FATHER: _____
7. NAME OF MOTHER: _____
8. FATHER'S OCCUPATION: _____
9. FATHER'S ANNUAL INCOME: _____
10. FATHER'S MOBILE NUMBER: _____

11. MOTHER'S OCCUPATION: _____

12. MOTHER'S ANNUAL INCOME: _____

13. MOTHER'S MOBILE NUMBER: _____

14. EMAIL ADDRESS: _____

15. RESIDENCE ADDRESS: _____

16. ALLERGIES – PLEASE SPECIFY BELOW

17. PLEASE SPECIFY BELOW IF YOUR CHILD IS TAKING LONG TERM PRESCRIPTION MEDICINE LIKE INHALERS, EPILEPSY, MEDICATION ETC.

18. MEDICAL CONDITIONS: DIABETES, EPLIEPSY, HEART TROUBLES, FAINTING, ASTHMA, HEARING DIFFICULTY, VISION DIFFICULTY, SPEECH DIFFICULTY

19. IS YOUR CHILD UNDERGOING ANY PSYCHOLOGICAL SUPERVISION LIKE COUSELLING? PLEASE SPECIFY

I CONFIRM THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

TERMS & CONDITIONS:

1 – We, the undersigned declare that all the information provided by us in this form are true and correct and has been offered freely and have agreed to all the terms and conditions.

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

DATE _____

DOCUMENTS RQUIRED ALONG WITH THE APPLICATION FORM
(TO BE SUBMITTED IN PERSON AT THE SCHOOL)

COMPLETED APPLICATION FORM	<input type="checkbox"/>
ADHAAR CARD OF FATHER	<input type="checkbox"/>
ADHAAR CARD OF MOTHER	<input type="checkbox"/>
ADHAAR CARD OF CHILD	<input type="checkbox"/>
BIRTH CERTIFICATE OF CHILD	<input type="checkbox"/>
COPY OF VACCINATION CARD OF CHILD	<input type="checkbox"/>
COPY OF VACCINATION CARD OF FATHER & MOTHER (COVID)	<input type="checkbox"/>
REGISTRATION FEES	<input type="checkbox"/>
INCOME CERTIFICATE	<input type="checkbox"/>