

FORM NO. _____

DATE OF ISSUE _____ / _____ / _____

ISSUING AUTHORITY _____

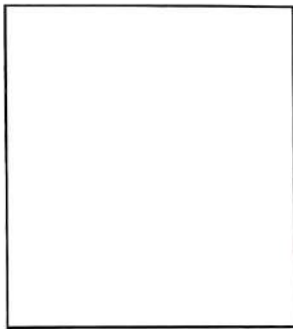
ADMISSION NO. (To Be filled by office) _____

ADMISSION FORM

Admission Category : Boarding Day Scholar Class: _____

Application Form: PLEASE FILL ALL THE INFORMATION CLEARLY IN BOLD, USING BLACK / BLUE PEN

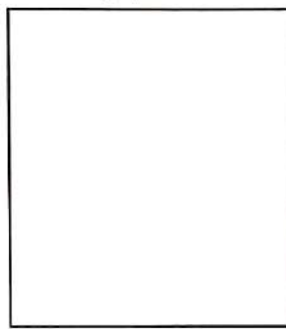
Please affix passport size
Photograph in colour



Student

Name _____

Please affix passport size
Photograph in colour

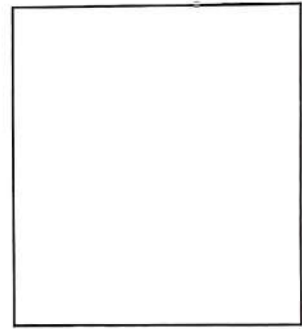


Father

Name _____

Signature of Father

Please affix passport size
Photograph in colour



Mother

Name _____

Signature of Mother

I/we are considering enrolment in Grade _____ for the session _____

PERSONAL DATA OF STUDENT

First Name: _____ Middle Name _____ Last Name _____

Date of Birth _____ / _____ / _____ Gender Male Female, Aadhaar Card No.: _____
Date Month Year

Nationality: _____ Mother Tongue : _____

Permanent Address: _____

Current Address: _____

Name of the previous school attended (If any): _____

***Note: In case of any change in the current address, kindly update the school office immediately.**

HEALTH INFORMATION

Allergy/Chronic ailment, if any _____

Physical handicap/disability, if any _____ Blood Group _____

*Has the child been hospitalized ever? _____ If yes, Kindly mention the details and attach the discharge

Summary _____

Any other specific remarks regarding child's general health or behavior _____

PARENT'S INFORMATION

FATHER

MOTHER

Name: _____

Date of Birth: _____

School Attended / City: _____

Academic Qualification: _____

Aadhaar card no.: _____

College / University Attended / City: _____

Occupation: _____

Designation: _____

Name of Organization: _____

Office / business Address: _____

Tel. No.: / Mob. No.: _____

Annual Income(Rs.): _____

Email Id: _____

SIBLING INFORMATION (if applicable)

No. of Real Brothers: _____ Sisters : _____

1. Name: _____ Age: _____ School: _____ Gender: Male Female

2. Name: _____ Age: _____ School: _____ Gender: Male Female

3. Name: _____ Age: _____ School: _____ Gender: Male Female

4. Name: _____ Age: _____ School: _____ Gender: Male Female



NAME AND ADDRESS OF 2 REFERENCES

1. Name: _____ Relation with student: _____

Address: _____

Mobile No.: _____ Email ID.: _____

2. Name: _____ Relation with student: _____

Address: _____

Mobile No.: _____ Email ID.: _____

TRANSPORT DETAILS (if applicable)

School Bus Facility Required: YES NO

Address for pick and drop: _____

Distance in kilometers from school: _____

Please note that the school holds the authority to decide the stop nearest to the residence of the student and the transport charges will be decided accordingly, as per the slab applicable.

DECLARATION

I, hereby, agree to abide by the rules of the Heritage Global School in all respect and render and render my cooperation at all time. I also declare that all the details provided are true and authentic to best of my knowledge.

Date _____

Signature of Parent's

DOCUMENTATION TO BE ATTACHED (Please tick after attaching)

- ✓ Attested photocopy of birth certificate (municipal / block / panchayat).
- ✓ Transfer certificate form previous school along with report card (if applicable).
- ✓ Six copies of passport size photograph of the child.
- ✓ Local guardian form and his / her ID Proofs (in case of outstation bounder).
- ✓ Duly filled application form for admission.
- ✓ Medical fitness certificate.
- ✓ Family ID
- ✓ Photo copy of aadhaar card of student and parents ✓ Current Residence Proof



DETAILS OF LOCAL GUARDIAN

To be filled in case of Outstation Students

Name of guardian: _____

Relationship with student: _____

Mobile No.: _____

Email Id: _____

Address: _____

Signature: _____

Affix
Photograph
of the
guardian

***Please attach a self attested photo id proof of the guardian.**

FOR OFFICE USE ONLY

APPLICATION RECEIVED ON: _____

RECEIPT NUMBER: _____ DATE: _____

CHECKED AND VERIFIED BY: _____ SIGNATURE: _____

ADMISSION NUMBER: _____

REGISTRATION NUMBER: _____ DATE OF ADMISSION: _____ / _____ / _____
Date Month Year

TRANSPORT REQUIRED: YES NO TRANSPORT CONFIRMED: YES NO

PAYMENT DETAILS: CASH ONLINE PAYMENT DD

SLAB APPLICABLE: _____

AMOUNT RS: _____

IN WORDS: _____

OFFICE INCHARGE'S SIGNATURE: _____ PRINCIPAL'S SIGNATURE _____

ADMISSION STATUS: _____