

ADMISSION FORM



THE GURUKULAM INTERNATIONAL SCHOOL

Education Beyond Your Imaginations



Child's Photograph

Date of Admission

Admission No.

Student's Name

Date of Birth : Date Month Year

Admission For Class :

Transport Required : Yes No

Home Address :

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..... City : State :

Father's Contact No. Email ID

Mother's Contact No. Email ID

EMERGENCY CONTACT PERSON :

Mobile No. :

Name : Relation :

CHILD INFORMATION

	Name	Relation	Age
Siblings			

Who else apart from parents and siblings form a part of the family living with the child
 (Please include domestic helps)

Name	Age	Relation

Do you have pets at home : Yes No

Anything specific you want to share?

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Is your child toilet trained : Yes No

Languages your child speaks :

MEDICAL RECORD OF THE CHILD

Blood group :

Name of the consulting pediatrician :

Address :

Home Contact No. Mobile No.

Any allergies :

Any Surgeries Undergone :

Any Special condition :

Any medication :

ALL ABOUT CARE GIVERS

Father	Name	
	Occupation	
	Organisation	
	Contact No.	
Mother	Name	
	Occupation	
	Organisation	
	Contact No.	
Other	Name	
	Occupation	
	Organisation	
	Contact No.	
Relation	Contact No.	