

Golden Bells

EARLY YEARS

- The Mi School - Fascinating Minds Since 2004

STUDENT APPLICATION FORM



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STUDENT APPLICATION FORM

	——— SESSION: 20 ———————————————————————————————————							
Ins	tructions to fill the form:							
1.	Write clearly in BLOCK letters using blue or black pen.							
2.	Parents should fill the form in their own handwriting.							
3.	Tick (✔) whichever is applicable.							
A	CHILD'S DETAILS:							
•	Name of the Child							
	First name Middle Name Last Name							
•	Date of Birth (in words)							
•								
•	Date of Birth (in figures) D D M M Y Y Y Y							
•	Class for which admission is sought: EYFS-I: EYFS-II: EYFS-III: EYFS-IV: (Pre Nursery) (Pre School) (Pre Primary)							
•	Sex: M/F							
•	Is school transport required: Yes No							
•	Medical Information: Blood Group							
•	Does the child have some special needs: Yes No							
•	• (If yes, give details)							
	AFFIX LATEST PHOTOGRAPH OF THE CHILD AFFIX LATEST PHOTOGRAPH OF THE MOTHER AFFIX LATEST PHOTOGRAPH OF THE MOTHER OF THE GUARDIAN							

B. PARENT'S DETAILS		FATH	IER]	MOTHER	
Name						
Academic Qualification(s)						
College/University						
Residence Address						
Phone No.						
Mobile No.						
Occupation						
Service/Business/Other)						
Designation						
Name of Organisation						
Office/Business Address						
Phone No.						
E-mail ID						
C. DETAILS OF CONT	ACT PERSO	N (GUARI		SE OF EMEI	RGENCY:	
Name		Relationship			Phone No.	
D. ANY OTHER CHILI	DREN IN TH	E FAMILY	7			
Name		Age Sex			School	
E. DETAILS OF TWO	REFERENCI				-4	
Name		Address			Phone No.	
hereby certify that the ab	ove informatio	n is true			I	
Signature: Father		Mother				
		For Off	ce Use Only			
Admitted to		Teacher / C	lass		Route No.	
Authorised Signatory						

DOCUMENTS TO BE ATTACHED

- Birth Certificate of Child
- Medical Fitness Certificate of Child
- Address Proof of Parents Aadhar Card
- Covid Vaccination Certificate of Parents
- Passport Size Photographs of Child and Parents

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