

**SRI ADWAYANANDA PUBLIC SCHOOL**

**(English-Medium)**

**MALAKKARA P.O**

**PATHANAMTHITTA (DIST.)**

**KERALA - 689 532**

**APPLICATION FORM FOR ADMISSION**

The following documents should accompany the filled-up application form

- 1). Original application receipt
- 2). Photocopy of the original birth certificate of the applicant attested by the parent

The following information regarding the child is necessary to enable the school to understand the child and assist his/her development and learning. This information will be kept confidential and parents are requested to provide full particulars. Please read the prospectus carefully before filling in the form. The application form, duly completed with requisite enclosures, must reach the school office on or before March 1<sup>st</sup>.



**Child**

1. Full name (in block letters):
  
2. Permanent address:
  
3. Mailing address:  
(for all correspondence)
  
4. Email address:

5. Sex

6. Date of birth (as entered in the passport or in the birth certificate issued by Panchayat /Municipality/Corporation):

7. Religion/ Caste:

8. Languages:

(a). Mother tongue:

(b). Language(s) commonly used at home:

(c). Other languages spoken:

9. Age at time of proposed entry:

10. Class in which admission is sought (as on May 1<sup>st</sup>):

### **Family**

1. Full name of father and permanent address:

2. Nationality of father:

3. Occupation:

4. Official address (if any):

5. Telephone No: (Office) Mobile:

6. Telephone No. (Residence)

7. E-mail:

8. Educational qualifications of father:

: 2 :

9. Mother's name in full and permanent address:

10. Nationality of mother:

11. Occupation of mother:

12. Official address (if any):

13. Telephone No: (Office) Mobile:

14. Telephone No. (Residence)

15. E-mail:

16. Educational qualifications of mother:

17. Brothers and sisters of child (name, age, sex and schools presently attending):

18. Confirm the name of the parents/guardians who are responsible for the upbringing of the child.

Name (s):.....

Relationship with child:.....

19. State whether both parents are at home with the child or one of the parents or whether both are working abroad: (Give details)

: 3 :

## References

Please give the names and addresses of two persons known to you, who can be contacted if needed.

1.

2.

## For Office use only

Date admitted:

Fee received:

Caution Deposit:

Admission fee:

Other fees:

Certificates received:

Attested copy of the birth certificate:

Others:

Verified the above

Office staff-in-charge

Name and signature

PRINCIPAL

## **PARENT QUESTIONNAIRE**

### **PART - A: GENERAL QUESTIONS**

1. State briefly why you have chosen Sri Adwayananda Public School (English-medium) for your child:

2. How did you come to know about Sri Adwayananda Public School (English-medium)?

3. Describe your idea of the type of education you wish your child to receive:

4. What subjects or educational topics does your child find interesting?

5. Describe any challenges if at all your child has at home or in the previous school:

(a). physical

(b). behavioural

6. Sri Adwayananda Public School (English-medium) advocates a learning environment that is supportive and inclusive and does not encourage competition or comparison between students while trying to help each learner reach their full potential. Do you support this kind of education?

**PART - B: MEDICAL FORM**

1. Name of a relative or a friend in the school vicinity who can be contacted in the case of an emergency.

Name:

Telephone No. (Res):

(Office): Mobile:

2. Please indicate any illness that your child has experienced at home or school and the care expected from this school.

3. Has your child taken all the mandatory vaccinations in India? Please furnish the blood group of the child below.

4. If your child has regular medications, please give the details of the medicine the child is taking during the school hours.

5. Please state whether your child is allergic to any food items, medication, dust etc. What are the usual allergic reactions?



6. Please give full disclosure as to whether the parents, relatives, teachers or medical professionals have observed what could be a learning disability or challenge in the child. This includes any learning difficulties that the child has had at home or school (ie. acquiring language, understanding concepts, speaking and understanding the language, social problems).

7. Does your child have any physical limitations or physical conditions we should be aware of?

I/We affirm that all the information given by me/us in the application form is correct and complete and full and full disclosure has been given. You may verify any of the above information from anyone concerned, if required. The School reserves the right to withdraw the child in the event of inaccurate or absence of information at the time of admission.

Place:

Parent's Name & signature:

Date:

Guardian's Name & signature:

## PARENT/GUARDIAN AGREEMENT

I understand and agree to support the method and principles of education in this School. I understand that this support is necessary for my child to love learning and pursue his natural desire for knowledge. I understand that academic marks are not the sole aim of the school.

The school currently follows the add ICSE/IGCSE preparatory syllabus. I understand and agree that the school reserves the right to change the syllabi/curricula/affiliations in the school at any time at its discretion.

I confirm that I have been provided with the School Prospectus and having carefully read it, agree to abide by all the terms, conditions and provisions contained therein. I further agree that any amendments made to these documents, policies or guidelines provided by the school for the parents shall be binding on me.

I authorize the School to take whatever action that is deemed reasonable or necessary by the school in an emergency situation to protect the health of my child. I understand that if the situation demands special medical attention, the costs will be borne by me. I understand that it is my responsibility to inform the school authorities in writing of any change or updated health information concerning my child.

I agree and consent that the school and its charitable foundation can use images, recordings and data regarding my child on its website and for use in publications and other media solely for educational or charitable purposes.

I agree that if at any time in the opinion of the management the child is unable to benefit by the education given, or if the child's behaviour violates the principles upheld by the school, I shall abide by the decision of the school and withdraw the child.

I also hereby agree to pay all the fees according to the schedule of payment provided by the school, and understand that the fees must be paid regularly and promptly; otherwise an appropriate fine will be levied as per the fees schedule. I understand that the child can be withdrawn from the school only on the eve of the summer vacation, by giving notice by January 31<sup>st</sup>; otherwise the fees for the whole academic year will have to be paid before withdrawal.

Place:

Parent's name & signature:

Date:

Guardian's name & signature:

**For Office Use:** Transfer certificate:

Course and conduct certificate:

School report:

School mark sheet:

Verified the above

Office staff-in-charge

Name and signature

PRINCIPAL