



**Alliance
Educational
Foundation**

Sri Adwayananda Public School



Sri Adwayananda Public School
Malakkara P.O. Pathanamthitta District
Telephone: (91) 468-2317309
admissions@alliance-edu-foundation.org

Photocopy of the original birth certificate of the applicant should accompany the filled-up application form attested by the parent. 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 1st.

Please affix a recent
colour photograph*

20²⁴/₂₅

REGISTRATION APPLICATION

Student Details

Name of the child:

Date of Birth:

Gender:

Mother Tongue:

Nationality:

Religion/Caste:

Desiring admission in class
as on June 1st:

Aadhaar No:

Family Details

Father/Guardian's Name:

Father's Nationality:

Father's Occupation:

Father's Educational
Qualifications

Mother's Name:

Mother's Nationality:

Mother's Occupation:

Mother's Educational
Qualifications:

Permanent Address:

Email address:

Telephone number of
parents:

Are you currently residing
at the same address
above? If no, please
provide details:

Alternative address:

Confirm if both parents are responsible for the upbringing of the child:

Y / N

If no, please state name of
individual who is
responsible:

Relationship to child:

Student Details

Name of previous school:

Medium of instruction in
previous school:

Describe any challenges, if
at all, your child had in the
previous school?

Names of any of your other
children who studied or are
studying at the school:

General

How did you hear about the
school?

State briefly why you chose
Sri Adwayananda Public
School?

References

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

Reference 1 Name:

Reference 1 Address:

Phone Number:

Reference 2 Name:

Reference 2 Address:

Phone Number:

Medical Form

Emergency Contact

Name of local relative/ friend to contact in case of emergencies:

Telephone:

Mobile:

Medical Information

Has your child taken all the mandatory vaccinations in India?

Blood group:

Please provide details of any regular medicine your child is taking during school hours:

Please provide details of any allergies. What are the usual allergic reactions?

Have you observed any learning difficulty/ disability in your child?

Does your child have any physical limitations/ conditions to be aware of?

Has your child been hospitalized for major surgeries or illnesses?

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.

Parent/Guardian signature and date:

Parent/Guardian signature and date:

2024/25 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 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 31st; otherwise the fees for the whole academic year will have to be paid before withdrawal.

Parent/Guardian signature:

Parent/Guardian signature:

Date
