



**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, can be given to the School office as early as possible. Admission is based on first come first served basis.

Please affix a  
recent colour  
photograph

**20<sup>25</sup>/<sub>26</sub>**

## REGISTRATION APPLICATION

### Student Details

Name of the child:

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Date of Birth:

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Gender:

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Mother Tongue:

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Nationality:

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Religion/Caste:

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Desiring admission in class  
as on June 1<sup>st</sup>:

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Aadhaar No:

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Name of previous school:

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Medium of instruction in  
previous school:

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

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

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## **Family Details**

Father's Name:

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Father's Nationality:

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Father's Occupation:

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Father's Educational Qualifications

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Mother's Name:

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Mother's Nationality:

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Mother's Occupation:

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Mother's Educational Qualifications:

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Permanent Address:

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Father's Telephone number, Mobile number and email address:

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Mother's Telephone number, Mobile number and email address:

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

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Alternative address:

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Confirm if both parents are responsible for the upbringing of the child: **Y / N**

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

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Relationship to child:

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## General

How did you hear about the school?

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State briefly why you chose Sri Adwayananda Public School?

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## References

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

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Reference 1 Name, Address and Phone No:

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Reference 2 Name, Address and Phone No:

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# Medical Form

## Emergency Contact

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

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Telephone:

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Mobile:

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## Medical Information

Has your child taken all the mandatory vaccinations in India?

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Blood group:

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

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

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

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

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Has your child been hospitalized for major surgeries or illnesses?

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I/We affirm that all the information given by me/us in the application form is correct and complete 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.

Father's signature and date:

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Mother's signature and date:

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## 2025/26 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 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. I also understand that the school reserve the right to amend the fee structure as and when needed.

Father's signature:

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Mother's signature:

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Date

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Copy of documents should be attached with the application:

1. Birth Certificate of the child
2. Aadhar Card/Passport of the child
3. Aadhar Card/Passport of Father & Mother
4. Address Proof of Father & Mother (Passport/Voter ID card/Electricity Bill/Ration Card)
5. Passport size photograph of Father & Mother