

Father / Guardian

Residential Address	Permanent Address

Mother / Guardian

Name :	Age :	Nationality
Educational Qualification:	Institution :	
Occupation:	Office Address :	
Designation:		
Annual Income:	Tel.:	
Aadhaar No. :	E-mail:	
Sibling Details.:		

Residential Address	Permanent Address

Are you willing to volunteer actively in any school event Yes No Specify if any _____
 Any important info about the child to be mentioned by the parent _____

D. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate - Original if applicable
- Vaccination Card copy
- Blood Group Report
- Passport size photographs of child (3 copies)
- Previous medical history if any
- Special children with learning difficulties: _____

Note: Documents must be self attested and need to be submitted along with duly filled application form.

Any additional information about Child: _____

I / We _____ do hereby
 by undertake that the information provided by me / us is true and correct to the best of my / our knowledge. Further I / we promise to
 abide by the rules and regulations set by the school management and I / we promise to pay the required fees on behalf of my / our ward
 whenever asked by the School Authority.

Signature of Parent

Principal / Vice Principal Remarks

Verified & Approved
 Date _____

Signature of Principal
 Academic Heights Public School

Distance From School (in Kms) Preferred Phone Number for school SMS

Emergency Contact No.(Res/Mobile) Name of the person to be contacted Relationship