

Application No:

#18-4-42, Aliabad , ShamsherGunj, Hyderabad, Telengana - 500 002 (M)+91 92462 46403, (E) ahpscharminar@yahoo.com

## APPLICATION FORM FOR ADMISSION 20 - 20

Affix Photograph of Father	Affix Photograph of Mother	Affix Photograph of Student
Note: Please use capital letters only.		
Admission required for Class Second	Language	Third Language
I/We	and	
wish to admit my / our son / daughter / ward whose particulars	are giv <mark>en be</mark> low as a day scholar	at Academic Heights Public School
A. STUDENT INFORMATION		
First Name	Middle Name	Last Name
Gender Date of	Birth	Place of Birth
Male Female		
	Y Y Y Y	
Blood Group	Religion	
Nationality	Aadhaar No	
Community SC/ST	ОВС	GEN Others
Languages known	Mother Tongue	
B. DETAILS OF PREVIOUS STUDY		
Year School	Standard / Grade	Grade Marks obtained in final exams
C. FAMILY INFORMATION		
Father / Guardian		
Name : Educational Qualification:	Age : Institution :	Nationality:
Occupation:	Office Address :	
Designation:		
Annual Income:	Tel.:	
Aadhaar No. :	E-mail:	
OFF	CE USE ONLY	Application. No:
Enrollment No.	Date F	leceipt No
Entered ByAdmitted By		
Actual Fee Discount		
Reason for Concession		

## 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 paren	t	
D. ENCLOSURES (All documents are mandatory at the tin	ne 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 submitte	ed along with duly filled application form	
Any additional information about Child:		
I/We		reby
	d correct to the best of my / our knowledge. Further I / we promise to ent and I / we promise to pay the required fees on behalf of my / our war	d
whenever asked by the School Authority.	and 17 we promise to pay the required lees on behan of my 7 our war	u
		7
	Simply up of Depart	]
	Signature of Parent	
Principal / Vice Principal Remarks		
Verified & Approved	Signature of Principal	1
	Academic Heights Public School	
Date		1
Distance From School (in I/ma)	read Dhana Number for ochool OMO	
Distance From School (in Kms) Prefer	rred Phone Number for school SMS	
Emorgonov Contact No (Dec/Mahila)	of the person to be contacted	
Emergency Contact No.(Res/Mobile) Name	of the person to be contacted Relationship	