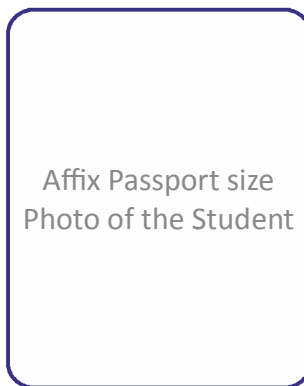




ADMISSION FORM



2015 - 16

Admission No. :

Student's Name :

Grade : Section:

Shaikpet Phone: 040-6555 1905 Mehdipatnam Cell: 8297000792

Email: info@insightinternationalschool.com | Web: www.insightinternationalschool.com

PLEASE READ THE INSTRUCTIONS CAREFULLY AND THEN COMPLETE THE FORM

- Please use black or blue ball pen and write in capital letters.
- Information provided should be according to the Birth Certificate/Passport copy.
- It is advisable to retain a photocopy of the filled up form for future reference.
- Issuance of application form does not guarantee admission.
- Form should be completed and submitted in the school along with the required documents within 10 days of issue.
- Please refer to the School Diary for information regarding Fee, Calendar of events, Uniform, Discipline etc.
- Any change in the address or contact numbers should be notified immediately at the Front Desk or through email.
- Transport facility is available for selected routes/areas. Contact Transport incharge for complete details.
- School holds the right to take strict disciplinary action for any misbehavior or damage to school property.
- Parents can meet the teachers and Principal on regular PTM days. Meeting the HOD is strictly by prior appointment.

Part C - FAMILY

FATHER	First Name										Languages Spoken	
	Middle Name											
	Last Name										Nationality	
	Qualification					Occupation						
	Name of place of work					Address of place of work					Time spent with child (Average hours per day)	
	Correspondence Address										Pincode	
Residential / Phone Number with STD Code					Mobile Number							
E-mail Address:												
MOTHER	First Name										Languages Spoken	
	Middle Name											
	Last Name										Nationality	
	Qualification					Occupation						
	Name of place of work					Address of place of work					Time spent with child (Average hours per day)	
	Correspondence Address										Pincode	
Residential / Phone Number with STD Code					Mobile Number							
E-mail Address:												
GUARDIAN <small>(Only if Father or Mother doesn't live in the city)</small>	Full Name										Relationship with the child	
	Address											
						Mobile Number						
	E-mail Address											

Part D - EARLIER EDUCATION

EARLIER EDUCATION DETAILS	Class	Section	Languages Studied	curriculum followed (Tick) ✓ <input type="checkbox"/> SSC <input type="checkbox"/> CBSC <input type="checkbox"/> IGCSE <input type="checkbox"/> IB <input type="checkbox"/> Other - Specify Below
	School Name			
	School Address			Percentage of Marks / Grade Obtained (Attach the report copy)
	City	State	Country	Major two achievements (if any)
	Previous School Website (if any)			

Part e - MEDICAL

MEDICAL DETAILS	Any health problem (Tick) ✓ <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Others (Specify below)		Any precaution suggested
			Blood Group (Tick) ✓ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> +ve <input type="checkbox"/> -ve
	Family physician's Name		Any disability (Specify)
	Family physician's Address		Any learning disability (Specify)
	Family physician's phone number		

Part F - SUBMISSIONS

DOCUMENTS	(Tick) ✓ If submitted	
	• Birth Certificate Certified Copy	<input type="checkbox"/>
	• Passport Copy/Adhaar Card Copy	<input type="checkbox"/>
	• Previous Class Report Card Copy	<input type="checkbox"/>
	• Transfer/Leaving Certificate (original)	<input type="checkbox"/>
	• 4 Passport Size Photographs	<input type="checkbox"/>
	• Fee Receipt Photocopy	<input type="checkbox"/>

DECLARATION

We hereby declare that the above information is true and accurate to the best of our knowledge. We hereby agree to conform to the school procedures and shall comply with the rules and regulations of the school as and when notified. We know that the School has the right to take necessary disciplinary action as per rules in case of any violation.

Signature of the Parent/Guardian with Date

FOR OFFICE USE ONLY

Date of Registration : _____ Remarks: _____

Date of Admission Test : _____ Result : _____

Date of Admission : _____ Grade : _____

ENTRIES MADE

Admission Register : _____ Attendance Register : _____

Caution Deposit Register : _____ Address Index Card : _____

Admission No. : _____ Emergency Card : _____

DOCUMENTS TO BE SUBMITTED

Birth Certificate : _____ Previous Report Card : _____

Transfer Certificate : _____ Photographs : _____

Authorized Signatory
[And School Seal]

