THE VEDANSH INTERNATIONAL SCHOOL

Sisouna Sitarganj

Kindly fill in all the information asked below

School Address: .....

..... Tel. No.: .....

Class to which admission sought : .....

Date of Admission: .....

INFORMATION OF THE CHILD

First Name: ..... Second Name: ..... Last Name: .....

Date of Birth: ..... Place of Birth: .....

Gender: ..... Blood Group: .....

Height: ..... Weight: .....

Language(s) spoken at home: ..... Mother Tongue: .....

Nationality: ..... Religion: .....

Correspondence Address: .....

Permanent Address: .....

.....

INFORMATION OF PARENTS

First Name: ..... Second Name: ..... Last Name: .....

Tel. No.: ..... Mobile No.: .....

In case of Emergency, Tel. No.: .....

Qualification: .....

Occupation: .....

Office Address: .....

Tel. No.: ..... Mobile No.: .....

E-mail ID: .....

INFORMATION OF THE GUARDIAN

Name of the Guardian : ..... **Relationship with child :** .....

Tel. No. : ..... **Mobile No. :** .....

Address : .....

E-mail ID : .....

DECLARATION

Emergency Consent

I give my consent to the school authorities for any emergency measures to be taken in case of an emergency by way of accident/injury/medical emergency etc. with the belief, that I will be informed as soon as possible. I shall not hold The Vedansh International School, responsible for any unexpected incident that may occur during any treatment, through necessary precautions are taken.

Trip Consent

I allow my child to visit the trips planned and organised by the school authorities and The Vedansh International School will not be held responsible for any mishap during the trips.

Consent towards media display

I allow the school authorities to post the photographs or videos of my child taken in the school or outside the school for activities or trips on The Vedansh International School official pages on any social networking sites/magazines/newspapers and on the P.P. Gallery of The Vedansh International School official website.

This is in my knowledge that these photographs or videos are socially put in public domain and anybody can view them.

General Consent

I have read the rules, regulations and guidelines given by the Vedansh International School and hereby agree and undertake to abide by all the policies of The Vedansh International School.

I am aware that

- Fees once paid is Non-transferable and Non-refundable under any circumstances.
- Admission in The Vedansh International School is not Transferable.

VERIFICATION

I Father/Mother / Guardian of ..... hereby declare that the information given above is complete and true to the best of my knowledge.

Date: .....

Parent's/Guardian's Signature

Tick the document enclosed.

1. Photocopy of child's date of birth certificate.
2. Photocopy of Rashan Card, Voter ID, Adhaar Card.
3. Any other certificate.
4. Four passport size photograph of child.

INFORMATION OF THE MOTHER

First Name: ..... Second Name: ..... Last Name: .....

Tel. No.: ..... Mobile No: .....

In case of Emergency, Tel. No.: .....

Qualification: .....

Occupation: .....

Office Address: .....

Tel. No.: ..... Mobile No: .....

E-mail ID: .....



PHOTO
(Mother)

OTHER INFORMATION ABOUT FAMILY

Monthly Household Income (inr): .....

Details of Siblings (if any)

Name	Gender	Date of Birth	School	Class
1- 2- 3-				

MORE INFORMATION ABOUT THE CHILD

Name of the previous school attended (if any): .....

Specific health problem of the child (if any): .....

Family Physician/Paediatrician's name: .....

Specify allergies child has and the immediate treatment: .....

Any other specific information about child's physical, emotional or behavioural issues : .....

Specify, if your child is on any medication presently .....