

• **MLS REGULAR CAMPUS**

• **MLS ELITE CAMPUS**

• **MLS MONTESSORI**

Date: _____

ADMISSION FORM

Form No. : _____

Rev. No. : _____

Class To Be Admitted : _____

Application Date: _____

CHILD INFORMATION

Full Name:	Sex:	Date of Birth:					
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Birth:	Religion:						
Address:							
Residence Telephone No.:				Emergency No.:			
Please give details for any previous schooling the child has had:							
Name of School	From	To	Upto Class	Reasons for Leaving			

(NOTE: School reports / Leaving certificates along with the Brith Certificates should be attached.

The parents have provided a copy of form B to school Office. Yes No

Has the child cleared the previous class. Yes No

Has the child ever suffered any serious illness or allergies? If "yes" then please specify:

Does the child have any physical impairment? If "yes" then please specify:

PARENTS INFORMATION

Father's Name:	Mother's Name:
Address (If different from that of the child):	
Telephone:	
Emergency Telephone:	
Occupation:	Designation:
First Language:	Nationality:
Religion:	

FOR OFFICE USE ONLY

ADMISSION TEST RESULT:

PASS / FAIL

FINALIZATION BY SCHOOL HEAD:

Admitted / Not Admitted

STUDENT ADMITTANCE INFORMATION

Admission Challan # : _____	Date of Admission: _____	Class: _____	Section: _____	Family No Assigned _____
Dated: _____				
Paid on: _____				