



SANSKAAR

NURSERY SCHOOL

(Pre-Primary Section of Sanskaar International School)

Saket Nagar, Sulem Sarai, Allahabad – 211011

Phone: 7525005000/ 7525008777

Email: sisallahabad@hotmail.com

Website: sanskaarintlschool.in



ADMISSION FORM

Admission No. :

Affix Photo
of
Father

.....

Affix Photo
of
Mother

Affix Photo
of
Student

Admission required for: (Nursery/L-Prep/U-Prep) :

Note: Please use CAPITAL LETTERS only.

We Mr. _____ and Mrs. _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at SANSKAAR NURSERY SCHOOL.

A. INFORMATION OF THE CHILD

FIRST NAME

MIDDLE NAME

LAST NAME

Gender

Date of Birth

Male

Female

DD

MM

YYYY

Blood Group

Religion

Nationality

Aadhar Number of the Child:

Category:

SC

ST

OBC

GEN

MINORITY

Mother Tongue:

PERMANENT ADDRESS

CORRESPONDANCE ADDRESS

DISTRICT: STATE:
PINCODE:
MOBILE No:

DISTRICT: STATE:
PINCODE:
MOBILE No:

NOTE: TO BE FILLED IN CAPITAL LETTERS ONLY

Preferred Phone Number for School SMS:

Emergency Contact No. (Res/Mob.)

Name of Person to be Contacted Relationship with child:

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FAMILY INFORMATION

Father/Guardian

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation	Office Address:	
Designation		
Pincode:		
Annual Income:	Tel:	
Aadhar No.		

Mother/Guardian

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation	Office Address:	
Designation		
Pincode:		
Annual Income:	Tel:	
Aadhar No.		

Applicable for Single Parents only:

The child is sponsored by the Father	<input type="checkbox"/>
The child is sponsored by the Mother	<input type="checkbox"/>

Is the child the only girl child: Yes No

SIBLING DETAIL:

Details of Real Brother(s)/Sister(s) of the Student:



NAME	STANDARD

In Case of Staff Ward: Yes No Name of the Staff:

Designation in School:

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B. DETAILS OF THE PREVIOUS SCHOOL:

Year	School	Standard	Grade/ Percentage in Final Exams

The previous school was affiliated to: SSLC CBSE ICSE OTHER

Awards won so far in sports, arts or academics:

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MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY:

Birth Details: Normal Caesarian Force

Birth Cry: Immediate Delayed

Discharge from Hospital: _____ (Number of days)

Specialize care given in the hospital: Yes No

If Yes, NICU: Extended hospital stay

Explain: _____



HEARING:

Any difficulty observed: Yes No

Any consultation with doctor done: Yes No

If Yes, Explain: _____

VISION:

Any consultation with doctor done: Yes No

Use of Spectacles/ Corrective Lenses: Yes No

MOTOR MILESTONES (Approx. Months): (Your child's first movement)

Sitting: _____

Standing: _____

Walking: _____

Speech: _____

(Any medication taken for any medical condition. Such as attention deficit/thyroid (hypo/hyper)/ any other condition:

Any medication taken for general well-being:

Any allergy/ any medical information that school should be aware of:

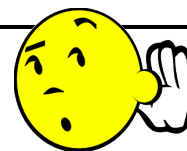
D. ENCLOSURES (All the documents to be submitted at the time of admission)

- Aadhar Card of the Child
- Aadhar card of the Father
- Aadhar card of the Mother
- Passport Size Photographs of the Child (2 copies)
- Passport Size Photographs of the parents (2 copies each)
- Report Card Copy of the last year
- Community Certificate: (Applicable for SC/ST/OBC/OTHER Backward Communities)
- Income Certificate of Parents
- Transportation form (If required)



❖ **NOTE: Bring only the recent and attested copies of the above documents and please staple them to the top-left hand corner of the application form.**

D. MISCELLANEOUS



How did you hear about **SANSKAAR INTERNATIONAL SCHOOL?**

Newspaper/ Internet/Magazine(Please specify the name, if any)

Any other promotional medium (such as hoardings, pamphlets, word of mouth, catalogue).....

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DECLARATION

I _____ have the authority to admit my child/ward _____ into the school as a parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in the application are true to my knowledge and if found otherwise, I shall abide by the decision of the management, I agree to abide by the rules, regulations and the fee structure of the school.

FOR OFFICE USE ONLY

Section Allotted: _____

House Allotted: _____

Admission Date: _____

Admission Co-ordinator

Head of the Institution

Date: _____

Date: _____