



ROSEBELL INTERNATIONAL

UNIT OF ST CHAVARA SCHOOL

SHIRUR, PUNE - 412 410.

ADMISSION FORM

Admission Form No: _____

Date: _____

Affix photo of Child

Affix photo of Father

Affix photo of Mother

We, _____ and _____
desire to have our son/daughter/ward whose particulars are given below admitted as a student in your
Preschool:

Information about the child

First name(s)		Last name					
Pet name (If any)		Blood Group					
Date of birth		Place of Birth					
Gender	Male / Female	Aadhaar Number					
Religion		Mother tongue					
Caste		SC	ST	NT	VJ	OBC	
Sub Caste	(Attach a copy of caste certificate, if applicable)						
Address							
Email address							

Parent/Guardian Living at Home Address Above

First name(s)		Last name	
Relationship to child		Parental responsibility?	Yes / No
Mobile number		Whatsapp number	
Occupation/ Workplace		Address	

Name of Second Parent/Guardian

First name(s)		Last name	
Relationship to child		Parental responsibility?	Yes / No
Mobile number		Whatsapp number	
Occupation/ Workplace		Address	

Details of Siblings

Name	Age	Institution	Standard

Emergency Contact Details

Name of doctor		Telephone number	
Practice address			
Other local contacts in case of emergency or illness while at Preschool			
Name(s)		Telephone number(s)	

Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No Details
Has your child completed an immunization program to date?	Yes/No Details
Has your child had any known allergies and medical conditions?	Yes/No Details
Does your child have any particular or special needs?	Yes/No Details
Does your child have any fears?	Yes/No Details
Does your child drink milk? If NO are they allowed ANY dairy products please give details	Yes/No
Languages spoken at home	
Has your child attended an under-five's group before?	Yes/No Details
Does your child need transportation to and from school? (Specify exact location)	Yes/No Location:
Afterschool service (Additional payments will be charged)	☐ Not required ☐ Morning session: 08.00 am – 10:30 am ☐ Afternoon session: 01.30 pm – 6:30 pm ☐ Full Day session: 08.00 am – 6:30 pm

Permissions

Occasionally we may take the child away from the premises for a walk, to the farms, parks, or other places of interest. I give my permission for my child to take part in these activities	Signature Date
Photographs are used to track children's learning, in newsletters, displays, preschool publications and local newspapers I give my permission for my child to be photographed for the above reasons	Signature Date
I give my permission to administer first aid to my child/ give prescribed medicines.	Signature Date

State any other information you think would be helpful for us to know about your child.

Declaration

I, _____ have the authority to admit my child /ward _____, into the school as the 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 this application is correct 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.

Signature		Date	
------------------	--	-------------	--

Any information given to the school as part of this application/registration form will be treated with the strictest of confidence. Any Data collected will be, fairly and lawfully processed, for limited purposes, adequate, relevant and not excessive, accurate, not kept longer than is necessary, held securely, and not transferred to other organizations unless required to do so by health and safety legislation or other legal obligations.

(For the use of the school only)

Enclosures

- **Birth Certificate**
- **Admission Fee**
- **Tuition Fee**
- **Copy of Aadhar Card**
- **Caste Certificate**
- **Medical Form**
- **Insurance**

Admission Co-ordinator

Date:

Director

Date: