



# ROSEBELL preschool



A UNIT OF ST CHAVARA PUBLIC SCHOOL

## ADMISSION FORM

Admission Form No: \_\_\_\_\_

Date: \_\_\_\_\_

Affix photo of  
Child

Affix photo of  
Father

Affix photo of  
Mother

PUNCH  
ME

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

<b>Information of the Child</b>			
Date of birth		Gender	
First Name(s)		Last Name	
Religion		Aadhaar card no.	
Address			
	Postcode:		
Preferred choice of name if any			



<u>Name of First Parent/ Guardian Living at Home Address Above</u>			
First Name(s)		Last Name	
Relationship to child		Parental responsibility?	Yes/No
Mobile/ Telephone No.		Work Telephone No.	
Education Qualification		Occupation & Workplace	
Address			

<u>Name of Second Parent/ Guardian</u>			
First Name(s)		Last Name	
Relationship to child		Parental responsibility?	Yes/No
Mobile/ Telephone No.		Work Telephone No.	
Education Qualification		Occupation & Workplace	
Address			

<u>Details of Siblings</u>			
Name	Age	Institution	Standard

<u>Emergency Contact Details</u>			
Name of Doctor		Telephone number	
Practice address			
Other local contacts in case of emergency or illness at pre-school			
Name(s)		Telephone number(s)	

<b>Health related queries</b>	
Has your child had any serious illnesses or injuries?	Yes/No Details
Has your child completed an immunization program to date? (copies to be provided if possible)	Yes/No Details
Has your child 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 Details
Languages spoken at home	
Has your child attended an under five's group before?	Yes/No Details
Would you like to utilize the day care facility of the school ? If as, preferred time.	
Do you prefer food provided by the school during school hours ?	

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

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

**Delcarations**

I, \_\_\_\_\_ (name of the signing parent) have the authority to admit my child /ward \_\_\_\_\_ (name of the child), into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence required 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	
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Any information given to the pre-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 organisations unless required to do so by health and safety legislation or other legal obligations.

For the use of the school only

### **Enclosures**

- Medical Form
- Birth Certificate (Original)
- Insurance
- Admission Fee
- Tuition Fee
- Aadhar card (copy)
- Copy of Ration card
- Parents education qualification certificate (copy)

Admission Co-ordinator :

Date:

Rosebell Director:

Date:

