



APPLICATION FOR ADMISSION

Student's Name (use CAPITAL): _____

Pet Name: _____ **Date of Birth:** _____

Gender: _____ **Nationality:** _____

Blood Group: _____ **Siblings (if any):** _____

Languages spoken at home: _____

History of Past illness: _____

Allergies, if any, please specify: _____

Any regular medications taken due to any health condition, please specify: _____

Residential Address: _____

Father's Name and Qualification: _____

Occupation: _____ **Mobile number:** _____

Office Address: _____

Email ID: _____

Mother's Name and Qualification: _____

Occupation: _____ **Mobile number:** _____

Office Address: _____

Email ID: _____

Parent / Guardian Declaration :

I, understand that the information furnished by me in the application form and the documents provided during the admission process of my child is true and correct. If, any discrepancies are found, the admission is liable to be cancelled. I also understand that in the event of cancellation of the admission, the fee paid to the school is non refundable.

Date (dd/mm/yyyy): _____ **Signature of Father / Guardian:** _____

Date (dd/mm/yyyy): _____ **Signature of Mother / Guardian:** _____

- Note: Please fill and email the form to ushasri_vt@yahoo.co.in and info@abhyaasmontessori.com. For information you may contact 9341264297