

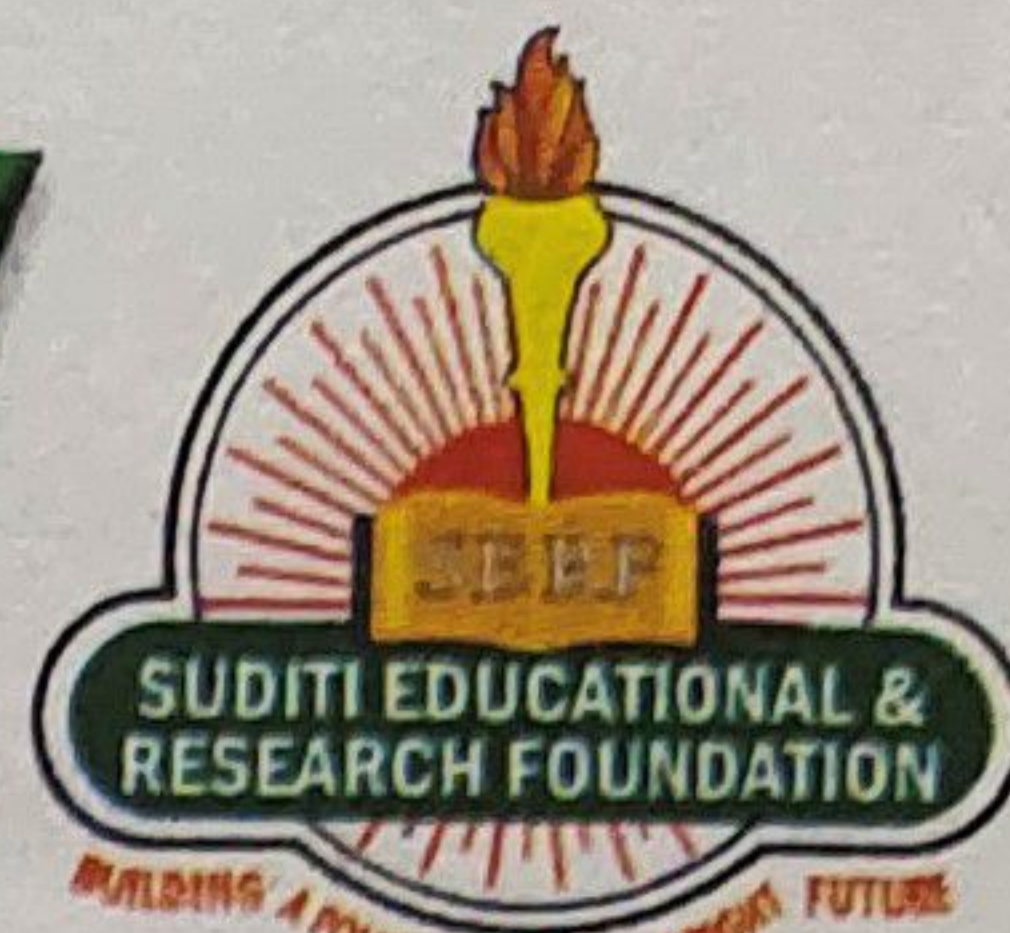


SuditiGLOBAL ACADEMY

An English Medium, Residential Cum Day Scholar Sr. Sec. School

An ISO 9001:2015 & ISO 14001:2015 Certified School

CBSE Bharat Affiliated School (Aff. No. 2131056)



ADMISSION FORM

Affix Passport
size photograph
of student

Date of Application

Admission sought in grade

Admission sought as ☐ Boarder ☐ Day Scholar

Category: ☐ Gen ☐ OBC ☐ SC ☐ ST

Aadhaar No

A. Student Details.

Student's Name-

(Surname)

(First Name)

(Middle Name)

Date of birth Sex Place of birth
(DD) (MM) (YYYY) (Male/Female)

Nationality Religion Residential address

City PIN State Country

B. Family's History

Student is living with ☐ Both parents ☐ Mother ☐ Father ☐ Others (Please name)

If other than both parents ☐ Parents separated ☐ Divorced ☐ Father deceased ☐ Mother deceased. Languages(S)

Spoken at home English is spoken at home. (Yes/No) Proficiency in English as a Second
language. (Mark a tick in the appropriate box)

Written English ☐ None ☐ Some
Spoken English ☐ None ☐ Some
Reading English ☐ None ☐ Some

☐ Satisfactory
☐ Satisfactory
☐ Satisfactory

☐ Proficient
☐ Proficient
☐ Proficient

C. Social History

(Please tick mark the appropriate descriptions.)

☐ Adjust to new situations with ease ☐ Has a small group of friends ☐ Likes to be active in school
☐ Has never had to adjust to a new situation ☐ Has many friends

(Please tick expressions that describe your child)

☐ Very Active ☐ Very Quiet ☐ Average ☐ Above average
☐ Shy ☐ Sociable ☐ Aggressive ☐ Stubborn Other

Has your child ever experienced social, emotional or behavioral difficulties ? : Yes/No

If yes, Please mention the details.....

If there is any other information you feel would be useful for those educating your child.?

D. Educational History of Current School

(Where the child is studying now)

Name

Address.....

Pin.....

Medium of Instruction.....
Exceptional academic achievement, if any.....

Other School Attended

Grades Completed	School	Location (City/Country)	Language Instruction	Years Attended

General (Please tick the appropriate answer)

Has your child ever received a double promotion? Yes/No

Has your child ever been identified as gifted or talented? Yes/No

Has your child ever been detained? Grade..... Yes/No

Has your child ever been in a speech therapy, remedial, reading support, special education program ? Yes/No

If yes, please mention.....

Has your child ever been identified as having a special learning disability? Yes/No

Please indicate learning disability area:-

☐ Reading

☐ Language

☐ Mathematics

Has your child ever received tutoring outside of the school regularly? Yes/No

Please indicate the area of assistance

Has your child ever studied any other language than English ? Yes/No

If any, please mention the other languages

Has your child ever been expelled from school ? Yes/No

If yes, please state when and why?

E. Extra curricular Activities

Please list your child's hobbies /interests.....

Did the child have any formal training in music & Dance ? Yes/No

If yes, give details.....

Which sport does the child play?

Did the child undergo any training/shown interest in fine arts ? Yes/No

If yes, Please specify.....

Any other special activity your child is interested in?.....

F. Emergency Contact

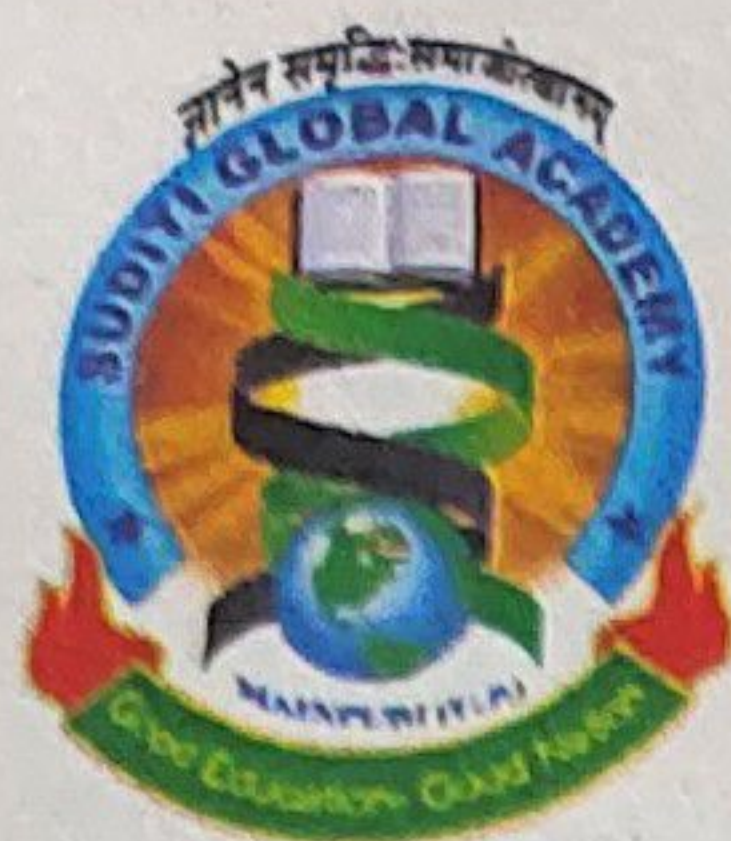
Person to call.....RelationshipMobile No.....

G. Bus Facility (For day scholars only)

Would your child be using bus facility? Yes/No

If yes, name of bus stop/locality.....

.....



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FAMILY INFORMATION

A. Father's Details

Name.....

Surname

First Name

Middle Name

Nationality..... Passport No.....

Qualification (i) Schooling.....

(ii) College/Univercity.....

Name of Organization..... Designation.....

Business/Office Address.....

Pin.....

Mobile No.....(Office).....Fax.....

E-mail.....

Signature (for school record)

Signature/Thumb in Above Box

B. Mother's Details

Name.....

Surname

First Name

Middle Name

Nationality..... Passport No.....

Qualification (i) Schooling.....

(ii) College/Univercity.....

Name of Organization..... Designation.....

Business/Office Address.....

Pin.....

Mobile No.....(Office).....Fax.....

E-mail.....

Signature (for school record)

Signature/Thumb in Above Box

C. Guardian's Details

Name.....

SurnameFirst NameMiddle Name

Nationality.....Passport No.....

Qualification(mentioning/college/university).....

.....

Name of Organization.....Designation.....

Business/Office Address.....

.....Pin.....

Mobile No.....(Office).....Fax.....

E-mail.....

Signature (for school record)

Signature/Thumb in Above Box

D. Parents(s) /Guardian Resources

We are keen to use talent and resources that are available in the school community and that can enrich our school program. Please indicate if you are able to make any special contribution SGA, such as;

- ☐ Substitute Teaching

☐ Classroom Volunteer

☐ Field Trip

☐ After School Tutoring

☐ Specialized Teaching of Music

☐ Library Assistant

☐ Dance

☐ Drama

☐ Coaching Sports

☐ Talking to children describing some aspect of your work or hobbies

☐ Mother Tongue Class

☐ Art

Parents(s) /(Please Mention)

.....

.....

.....

Names of student's Biological Brothers and Sisters

Name	M/F	Date of birth	Schools attended by siblings



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MEDICAL EXAMINATION REPORT

Student's Name-

(Surname)

(First Name)

(Middle Name)

Date of Birth Sex (Male/Female)

Emergency Contact

Person to call.....Relationship.....Mobile no.....

Address.....

Family doctor's name.....Mobile No.....

Blood Group..... Hight.....Weight.....Vision.....

Allergies

Epilepsy

Asthma

Does your child have?

what is the reaction & treatment.....

If yes, please provide details

Is your child physically challenged? (Yes/No)

If "yes" please describe and attach any relevant information.....

Has your child ever had hearing difficulty? (Yes/No) if yes, please mention.....

Has your child ever had vision problems? (Yes/No) if yes, please mention.....

Hospitalization

Has your son/daughter been Hospitalized in the last 5 year?. (Yes/No)

If so, for what reason.....

Does your child have a medical problem the school should know about?

Please describe.....

Is your child currently under medication/treatment.? (Yes/No)

Please indicate the type and purpose.....

Other Medical Problems

If yes , please provide details.....

For Your Information

Any medication to be administered at school requires a prescription from the medical practitioner treating your child. The prescription on the doctor’s letter head, bearing the child’s name the medicines prescribed with the requisite dosage should also be submitted.

The school medical center /infirmary is equipped to provide /non-prescription medicines. These are administered by the school nurse on the advice of the school doctor/physician/paediatrician.

Please list any medication that you DO NOT want administered to your child.

.....

Please attach an Immunization report signed and attested by a doctor.

- ☐ Diphtheria
- ☐ Tetanus
- ☐ Peruses (Whooping Cough)
- ☐ Polio
- ☐ Rabies
- ☐ Infuenza
- ☐ Mumps/Measles/Rubella
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Tuberculosis
- ☐ Encephalitis

Any other information which will be helpful.....

I declare that the informations provided on this form are complete and correct and that i will notify the Medical Center in Writing if any changes are required to be made.

Responsibility in an emergency-(Please read carefully)

incase of an emergency, I authorise the school to provide available medical support to for my child. I agree to such medical or surgical treatment as deemed necessary for my child and understand that critical health information which will impact my child’s education or well being will be given to person responsible for my child’s care.

Name..... Relationship to student..... Mobile No.....

Date Parent’s /Guardian’s Signature

Date

Attest by (Doctor) Name.....
Signature.....
Seal