



ALOK INTERNATIONAL SCHOOL

(Run By: Prasar Shikshan Evam Seva Sansthan)
Behind Airstrip, Datana, Dewas Road, Ujjain – 456 664

ADMISSION FORM : Academic Year (2019-20)

Photograph

NOTE: PLEASE USE CAPITAL LETTERS

ADMISSION FOR:

DAY BOARDING

BOARDING SCHOOL

1. Student Information:

1. Name of the child as per Birth Certificate:
(BLOCK LETTER) NAME SURNAME

2. Date of Birth: Age:

3. Place of Birth 4. Gender: M F
(Please mention the correct date of birth, supported by relevant document. No further changes will be acceptable by school, after admission)

4. Nationality:

5. Caste: SC ST OBC GEN (In Case of SC, ST, OBC Submit Supporting Document/Certificate)

6. Religion (Buddhist/ Christian/Jew/Hindu/Sikh/Zoroastrian/Jain/Islam/Not Applicable)

7. Aadhar ID of the child SSSM ID

8. Class to which admission is sought: For academic session

9. Passport No. Place of Issue:

10. Bank A/C No. Bank Name:

11. Address for communication:

..... City: State: Pincode

12. Permanent Address (If any):

..... City: State: Pincode

13. Communication from School to be forwarded to:

SMS (Mobile Number) _____

Email ID

14. Parental Information: Please Mention: (Mrs./Ms./Mr./Smt./Late/Dr./Lt./Prof./Major/Col./Capt)

Father's Name _____
(as printed in official documents. No changes permissible)

Mother's Name _____
(as printed in official documents. No changes permissible)

Date of Birth _____

Date of Birth _____

Aadhar ID _____

Aadhar ID _____

Family SSSM ID _____

Family SSSM ID _____

Education _____	Education _____
Occupation _____	Occupation _____
Name of Organization _____	Name of Organization _____
Designation _____	Designation _____
Official Telephone _____	Official Telephone _____
Mobile No. _____	Mobile No. _____
Email ID _____	Email ID _____
Bank Account No. _____	Bank Account No. _____
Bank Name & Address _____	Bank Name & Address _____

15. Person responsible for payment of fees: _____

16. Name and address of the Local Guardian (if any): _____

Phone: _____ Mobile: _____ Email: _____

17. Details of Siblings (real brother/sister) in chronological order, including the applicant:

	Name	Age	M/F	School	Class	Board Group
A	_____	_____	_____	_____	_____	_____
B	_____	_____	_____	_____	_____	_____
C	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____

18. If a sibling (real brother/sister) is also applying for admission in The Alok International School/Kids School, please give details

Name: _____ Class: _____ Application No.: _____

19. Would you require School Transport: Yes No

20. What is the language spoken at home? _____

We would appreciate it if you answer these questions in your own words.

1. Personality of the child:
 - a. Strengths: _____
 - b. Weaknesses: _____
 - c. Aptitude and interest: _____
 - d. Participation in activities: _____

2. has the student ever repeated or skipped a grade/class in school?YesNo
 If yes, which grade/class? _____

3. Has the students been suspended/ expelled from any other school?YesNo
 If yes, please explain the circumstances _____

EDUCATION HISTORY

Please list other PREVIOUS schools attended, if any:

Sr. No.	School Name	City and Country	Year of Admission	Grade Completed	Language of Instruction
1.					
2.					
3.					
4.					

-----XX-----XX-----

DECLARATION

- I understand and agree that the registration of my son/daughter does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.
- I agree to comply with the regulations of the School including those relating to the charging of interest on unpaid bills and the assessment of fees for less than 90 days notice of a student's withdrawal or for the late arrival of a student.
- I understand and agree that under no circumstances the fees paid to the school will be refunded if a Student withdraws admission for any reason.

All the above information concerning my child is true to the best of my knowledge.

Signature

Full Name of Signatory: _____

Relationship to the child: _____

Date: -----/-----/-----

-----XX-----XX-----

FOR OFFICE USE ONLY

Application Received On: -----/-----/-----

Date of Admission: -----/-----/-----

for **THE ALOK INTERNATIONAL SCHOOL**

MEDICAL INFORMATION SHEET

Name of Student: _____

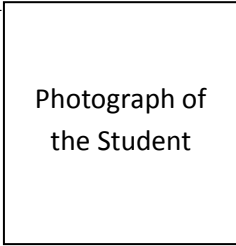
Father's Name: _____ Mother's Name : _____

Residence: _____

Father's (O) _____ (Mob) _____

Mother's (O) _____ (Mob) _____ Blood Group _____

Doctor's (Clinic) _____ (Mob) _____ Address : _____



Has your child ever had any of the following illness? If so When

Name	Yes	No	Date	Name	Yes	No	Date
Chicken Pox							
Measles							
Mumps							
Diphtheria							
Rheumatic Fever							
Heart Disease							
Poliomyelitis							
Diabetes							
Anemia or Other Blood Disorder							

Has you child had any of the following protective measures? If so, when?

Name	Yes	No	Date	Name	Yes	No	Date
BCG Vaccine							
Polio,							
MMR							
Date of last physical Checkup							

If there is anything wrong with your child, which the school should know please detail it in the space provided. (Include such things eyesight, allergies or any disabilities).

Date: _____

Signature of Parent's/Guardian's _____

ESCORT FORM

Child's Name _____ **Class** _____

Please list all people who are authorized to pick up your child from Alok International School. Your child will not be released to anyone who is not on the list.

S.No.	Name	Relationship to Child	Phone No.	Photograph	Signature
1				Affix recent Passport Size Photograph	
2				Affix recent Passport Size Photograph	
3				Affix recent Passport Size Photograph	
4				Affix recent Passport Size Photograph	
5				Affix recent Passport Size Photograph	

The above named people have my permission to pick up my child from Alok International School. I am aware that my child will not be released to anyone who is not on this list.

Parent's/Guardian Signature

Date _____

Name _____