



# ADMISSION APPLICATION FORM

Both the parents are required to be present for Admission

Application for admission to:

- INFANT (18Months-2yrs)       TWADDLER (2-3yrs)       PRESCHOOL (3-4 Yrs)
- PREKINDERGARTEN (4-5yrs)     KINDERGARTEN (5-6 Yrs)     DAY CARE (1-8 yrs)
- Class I, II, III, IV, V & VI (6-11yrs)



**APPLICANT'S DETAILS**

PLEASE USE CAPITALS

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Gender:  Male       Female

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Age: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone(s): \_\_\_\_\_

**SIBLING(s), if any, details:**

Name	Age	School	Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENT'S DETAILS:**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation/Designation: \_\_\_\_\_

Occupation/Designation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Organisation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Fax: \_\_\_\_\_ Mob.: \_\_\_\_\_

Fax: \_\_\_\_\_ Mob.: \_\_\_\_\_

e-mail \_\_\_\_\_

e-mail: \_\_\_\_\_



## EMERGENCY CONTACTS

Details of any other person(s) who can be contacted or is authorized to collect the child

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Affix a recent  
colour photo  
of authorised  
person

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of authorised  
person

## ABOUT YOUR CHILD

- ▶ Please indicate allergies, epilepsy, history of asthma or any other chronicle illness, if any?
- ▶ Any other information about the child you would like to share with us?
- ▶ What role do you expect the school should play in the child's progress?



In case my ward is found to challenged/differently abled in terms of physical / intellectual behaviour, I will take my child to a medical specialist if advised by the school Special Educator. Thereupon if my child is found to be wanting special attention, I will pay the school fee as per the norms of SEN(special education needs) policy.

Full name of Parents:

Signature

## IMPORTANT DOCUMENTS TO BE ATTACHED TO THE APPLICATION FORM

1. Three passport size photographs of the child (including one to be pasted).
2. Copy of birth certificate duly attested.
3. Passport size photographs of parents as well concerned person(s).
4. Copy of transfer certificate from the previous school/institution.
5. Report Card of last school attended (for children seeking admission in classes 1st onwards)

## UNDERTAKING

1. We agree that Registration does not guarantee admission to our child, it will depend on the availability/vacancies in each class.
2. We accept that if there is a vacancy at the time desired, preference or priority will be observed for ward of the staff member/s and wards of personnel for the Armed Forces / Para Military Services. Also 10% seats are reserved for the Management.
3. We accept that if the form is incomplete and any information given in it is found incorrect, the registration will automatically be cancelled. Admission, if granted, is liable to be cancelled if information provided in this form is found to be false subsequently also.
4. We accept that the Date of birth has been given correctly in the registration form. We understand that no alteration will be permitted at the time of admission or afterwards. The Date of Birth will be as per the official certificate/document only.
5. If our child is admitted, we hereby give our consent that First Aid/Medical Help be given to the child, if so required, in case of emergency,

Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_

## FOR OFFICE USE ONLY

ADMISSION: GRANTED / DECLINED

(Headmistress / Authorised Signatory)

Admission No. \_\_\_\_\_

Age Group \_\_\_\_\_

Date of joining \_\_\_\_\_

Section: \_\_\_\_\_



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