

ACADEMIA

(From Play Group to A Level) (All Campus Admission Office) Attach two recent passport size photographs

Student Admission Form

Academic Year: 201 201	State the Blood Group of your child.				
Application number:					
Date of Application:	ID No.				
Student Details:					
Family Name / Surname :	First Name:				
Date of Birth:	Sex: M / F Nationality:				
Applying to enter in Class:	E STATES COPIES OF PREVIOUS SCHOOL SEAGNESS.				
Home Address:	Mobile no. for SMS:				
policies of ACADPAIIA.	E-mail:				
Parent's Details:					
Father's Name:	Mothers's Name:				
Occupation:	Occupation:				
Designation:	Designation:				
Office Name :	Office Name :				
Office Address :	Office Address :				
Mobile No.:	Mobile No.:				
E-mail:	E-mail:				
Emergency contact (Except P	Parents):				
	Relationship with the student :				
Address :	Signifyre of admission officer Signoture of Accounts officer				
Phone:	E-mail :				

Medical History:

- 1. Does your child have any allergy problem?
- 2. If yes, mention the materials to which he/she is allergic.
- 3. Does he/ she suffer from asthma?
- 4. Does he/ she have any physical ailment?
- 5. State the Blood Group of your child.

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		ation submitted in t	his application t	form are	correct a	and that, if	my child
		I shall abide by the					
Signature:							
oloti on ahim	with the st	idonti					
Relationship	with the stu	ident:					
Date:							
For offic	ial use:	ormy comme					
			<u> </u>				eenbSV
Accompany	ing school r	ecords:	Photo:				
Fees statu	ıs:		ism &				
Adm.	Ann.	Monthly =	VAT	YB	ID	CM	Total
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