

Application No.

DR. K.N. MODI GLOBAL SCHOOL

MODINAGAR-201204 (U.P.)

ADMISSION APPLICATION FORM

(TO BE FILLED IN BY PARENT/LOCAL GUARDIAN)

Affix recent
Passport size
Colour
Photograph

First Name Middle Name Surname

Name of the candidate in Block Letters

:

Gender

☐

M

☐

F

Blood Group:

Date of birth (DD/MM/YYYY)

:

(in words):

Nationality

:

Religion:

Academic session Applied For:

:

Grade/Class Applied For:

School Bus Required:

☐

Yes

☐

No

Category: General

☐

OBC

☐

SC/ST

☐

Other

☐

If, yes Locality

Phone/ Mobile Nos.

:

Student's E-mail id (if any)

Permanent Residential Address

:

Phone (including long distance codes)

:

Student's first Language

Other Language Spoken/Written

:

DOCUMENTS REQUIRED

1.) Birth certificate (Photocopy)

2.) Photocopy of the Mark sheet of last class passed.

3.) T.C of last school attended in Original

4.) Migration certificate in original

5.) 2 additional passport size photographs

6.) Photographs of the parents /Guardian

Details of Previous Schools Attended:

Name	City / Country	Period	Medium of Instruction	Grade / Class
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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Interest / Hobbies:

Reasons for withdrawal from present / previous school:

Tick the activity / Sport in which the student has participated in previous school:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Sports | <input type="checkbox"/> School Publication | <input type="checkbox"/> Dramatics |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Poetry | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Elected to student Council | <input type="checkbox"/> Other (Please specify) <hr/> | |

Have you noticed any recent behavioral differences in your child at school or at home?

- ☐ Yes ☐ No If yes, please describe briefly:

(Please be frank. This shall not be a ground for refusal of admission)

Has your child received any counseling / psychiatric support or testing for learning disabilities?

- ☐ Yes ☐ No If yes, please describe briefly:

Career interests (if any)

Please indicate below any allergies, history of asthma, epilepsy, diabetes or other major illness or physical disability

(A separate medical form must also be completed for all students admitted)

FAMILY DETAILS			
Students is living with:		If other than "Both Parents"	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Employment Reason	<input type="checkbox"/> Father Deceased
<input type="checkbox"/> Mother	<input type="checkbox"/> Others	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated
If with others, relationship with the student		<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Others (Pl, specify)
_____		_____	
Languages spoken at home _____		_____	

FATHER'S DETAILS	
Name _____	<div>Affix recent Passport size Colour Photograph</div>
Date of Birth(D/M/Y) _____ :	
Educational Qualifications: _____	
Nationality _____ : Designation _____	
	Name of company / Institution _____
Office &workplace Address _____	_____
	: _____
Residential Address _____	_____
	_____City_____
	: State_____pin _____
Phone(off.) (including codes)_____	Phone (resi.) (including codes) _____
Mobile _____	: E-mail id (if any) _____
Languages spoken _____	_____
	Specimen signatures of Father

MOTHER'S DETAILS

Name _____

Date of Birth (D/M/Y) _____ :

Educational Qualifications: _____

Nationality _____ : Designation _____

Name of company / Institution _____

Office & workplace Address _____

: _____

Residential Address _____

: _____ City _____

: State _____ Pin _____

Phone (off.) (Including codes) _____

Phone (resi.) (Including codes) _____

Mobile _____

: E-mail id (if any) _____

Languages spoken _____

Affix recent
Passport size
Colour
Photograph

Specimen Signatures of Mother

LOCAL GUARDIN'S DETAILS

Name _____

Residential Address: _____

Phone (off.) (Including codes) _____

Mobile _____

E-mail id (if any) _____

Phone (resi.) (Including codes) _____

Affix recent
Passport size
Colour
Photograph

Specimen signatures of Local Guardian

ADMISSION TEST REPORTS

Academic performance in admission test _____

Personal Interview _____

SCHOOL MEDICAL REPORT

Weight _____ Height _____ Chest _____

Blood Pressure _____ General Health _____

Physical deficiency, if any _____

TO BE FILLED IN BY THE SCHOOL OFFICE

Admit _____ S/o _____

To class _____ He is allotted _____ House.

Date of Admission _____ Admission No _____

Vice Principal / Principal

TO BE FILLED IN BY CLASS XI STUDENTS ONLY

1. YEAR OF PASSING CLASS X _____

2. BOARD ATTENDED IN CLASS X _____

3. ROLL NO. OF CLASS X _____

4. FAMILY'S ANNUAL INCOME _____

5. SUBJECTS OFFERED IN CLASS XI 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____ (OPTIONAL)

UNDERTAKING

I undertake full responsibility, legal and otherwise, for the payment of all dues pertaining to my son/ daughter.
In case of any dispute over the accounting, I agree to accept the decision of the managing committee of the school.

I certify that I am the father / mother / local guardian of the child, and the information furnished above is correct to the best of my knowledge. I understand that if at any stage it comes to School's notice that any of the information given above is incorrect, admission of my child may be cancelled.

Name, signature of parents &

Local guardian if any: _____

Date: _____

Name: _____