



**KARAUMBIAH'S ACADEMY FOR LEARNING AND SPORT**  
Affiliated to CISCE , New Delhi KA-127

**ADMISSION & REGISTRATION FORM**

Application No:

For the academic year 20\_\_ - 20\_\_

Application for Admission to class:

Boarding  Non - Boarding

Please complete each section in **BLOCK LETTERS** using **BLACK** or **BLUE INK ONLY**

For office use only

Roll no \_\_\_\_\_

DOA \_\_\_\_\_

Admission Granted

Yes \_\_\_\_\_

No \_\_\_\_\_

Provisional \_\_\_\_\_

**SECTION I - CHILD'S PERSONAL DETAILS**

1. Full Name.....  
(as given in Birth certificate / TC ):

2. Sex: Male  Female

SATS No. ....

3. Date of Birth:.....

4. Place of Birth:.....

5. Nationality:.....

6. Mother tongue:.....

7. Aadhaar Card No.:.....

8. Caste.....

9. Father's Name:.....

10. Mother's Name:.....

Address:.....

Address:.....

.....

.....

.....

.....

Occupation:.....

Occupation:.....

Annual Income:.....

Annual Income:.....

Aadhaar Card No.:.....

Aadhaar Card No.:.....

Mobile:.....

Mobile:.....

Phone (R):.....

Phone (R):.....

Phone (O):.....

Phone (O):.....

E-mail:.....

E-mail:.....

Affix recent  
passport size photo  
of the student

11. Language Option:

i) Second Language: Kannada or Hindi or French:.....

ii) Third Language (up to Grade 8 only): Hindi or Kannada:.....

12. State the complete age as on 1st June : 20\_\_\_\_: \_\_\_\_Years \_\_\_\_ months

13. Particulars of the Previous School :

Year	School	Class	Result in %

\*Copy of results must be attached

14. Details of Sibling:

Name	Age	School/College	Standard/Course

15. Is the student a Non –resident Indian? If so give details:

Passport No..... Date and place of issue.....

Date of Expiry.....

Visa or resident permit details (where applicable, foreign students must have student visa / PIO card / OCI card )

## SECTION II - CHILD'S HEALTH

16. a. History /serious illness if any, with dates:.....

b. Present condition.....

c. Physical weakness / allergy that requires special attention :

.....

d. Any other emotional related concerns you would like to share:

.....

.....

.....

## SECTION III - TRANSPORTATION (Not applicable for boarders)

17. Transportation: School bus  Private

If school bus: Pick up and drop off point..... (the school bus may not ply to all chosen points therefore parents must drop ward/s to the nearest point)

**SECTION IV – CHILD’S PREPARATION FOR BOARDING**

18. Your child coming to KALS for the first time may face many new demands – having to look after themselves and their belongings, managing their daily routine, studies, group living, restricted TV, monitored computer related activity, not eating fast food etc., Would appreciate if you can list some of the ways your child is prepared for a boarding environment.

His/ Her –Aptitudes / Interest / Temperament / personality and Academic Profile:.....

.....

.....

.....

.....

**SECTION V – CHILD’S GUARDIAN:**

19. Details of Guardian : (boarders only / non boarders if applicable )

Name	Relationship	Address	Contact no & email id (Mobile, Res and Office nos)

**SECTION VI – PARENT INFORMATION: {Tick appropriate box}**

Applicant lives with? Father  Mother  Both  Others

Where admission materials should be sent? Father  Mother  Both  Others

Where circulars should be sent? Father  Mother  Both  Others

Specify “Others” with contact details.....

.....

Parents: Divorced  Separated  Not applicable

State legal custody of the child.....

**\*Attach copy of court orders**

**DECLARATION**

- \* I SOLEMNLY DECLARE AND AFFIRM THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION & HEALTH CARD SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF ANY INFORMATION PROVIDED BY ME IN THIS APPLICATION IS FOUND TO BE WRONG, MY WARD SHALL BE DEBARRED FROM ADMISSION OR WILL BE DISCHARGED FORTHWITH.
- \* I HAVE READ/UNDERSTOOD CLEARLY AND ACCEPTED THE SCHOOL RULES & REGULATION.
- \* I ACCEPT THAT ONCE THE ADMISSION PROCESS OF MY WARD MST/MISS.....  
GRADE ..... IS COMPLETED AND PAYMENT OF TUITION, BOARDING FEES AND ANY OTHER NON-REFUNDABLE DEPOSITS MADE BY ME SHALL NOT BE REFUNDED & WE SHALL NOT HOLD THE INSTITUTION RESPONSIBLE.

NAME OF FATHER	SIGNATURE	DATE :
		PLACE:
NAME OF MOTHER	SIGNATURE	DATE :
		PLACE:

**Principal's Remarks:**

ADMISSION GRANTED	NOT GRANTED: REASON
DATE	

Students Edu Id : .....
Password : .....

## Health Card

Name:.....

Sex:..... Date of Birth:..... Blood Group:.....

Address:.....

Phone nos:..... E-mail :.....

Family History of Diabetes, Hypertension, Heart Disease,

Others:.....

Vaccines: 1 ..... 2 ..... 3 .....

### **General**

Height :..... Weight:.....

### **ENT**

Anemia (mild ,moderate, severe or nil):.....

Skin allergy if any:..... Yes  No

Respiratory System:.....

Cardio vascular system:.....

Abdomen:.....

Nervous System:.....

Epilepsy:.....

### **History of Mental Illness**

1. What is your observation on your Childs mental health . \_\_\_\_\_
  2. Has your child received any type of mental health support in the past / present.  
Please tick - Counselling, Psychotherapy , Psychiatric services.
  3. Has your child been prescribed any Psychiatric medication on the past /present ?
  4. Is there any history of mental Illness in the family.

**Eyes:**

Right:..... Left:.....

Using spectacles specify reasons:.....

Allergic to any Medicine (in history).....

.....

.....

Any Surgery undergone:.....

Important findings:.....

.....

\* Document to be submitted for serious health issue

**Dental Examination:**

i. Extra – oral :.....

ii. Intra – oral:.....

a) Tooth Cavity:..... b) Plaque:.....

c) Gum inflammation:..... d) Stains:.....

e) Tarter:..... f) Bad breath:.....

g) Soft tissue:.....

Dates of preventive inoculation:

1).

2).

3).

Doctor’s Remarks:.....

.....

Child Accompanied by: Father  Mother  Others

Attach Complete Blood Test Report

Date of Examination:

Medical officer’s name

Signature with seal

**Consent Form**

- 1) We have given our consent for our child to take part in the school swimming training programme, others school activities and all other sports related programe. Yes  No
- 2) As per the Medical Health report and doctors advice my child will not be able to actively participate in sport activity -  (tick if applicable)

I authorize the institution / coaches/ instructor to obtain necessary medical assistance in case of an accident and agree to bear all medical expenses incurred on behalf of my ward/s .

Name of Father / Gurdian \_\_\_\_\_

Signature of Father / Guardian \_\_\_\_\_

Name of Mother / Guardian \_\_\_\_\_

Signature of Mother / Guardian \_\_\_\_\_

Date:.....

**For information of parents:**

**Non - Refundable Fee**

- 1. School Prospectus and Processing fee
- 2. Registration and Admission fee (one time payment at the time of admission only)
- 3. Academic / Tuition Fee - (Excludes uniform, books & stationaries, field trips, study tour, transportation service, External tests / examination / competitions, any school activities, school day, sports day, exhibitions, picnic, music class, counselling and guidance.
- 4. Boarding Fee - Includes Lodging and boarding, Security, care, sports training, Tutoring, Inhouse staff assistance for academic program.

## FOR OFFICE USE ONLY

**CHECK & ENSURE THE FOLLOWING ARE ATTACHED: Incomplete forms will not be considered. Submission of this form does not guarantee an interview call.**

- |  |          |
|--|----------|
| 1. Student recent passport size photos (6nos).   | Yes / No |
| 2. Date of Birth Certificate.  | Yes / No |
| 3. Marks card of three consecutive years.  | Yes / No |
| 4. Transfer certificate (on completion of admission process & before reporting to school). | Yes / No |
| 5. Aadhar card of the student and the parents.   | Yes / No |
| 6. Passport size photograph of parents together.   | Yes / No |
| 7. Processing Fee Enclosed.  | Yes / No |
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