



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

ADMISSION & REGISTRATION FORM

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..... (in capitals as given in Birth Certificate / TC):		Affix recent passport size photo of the student
2. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	SATS No. PEN 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:.....	
Educational Qualification:.....	Educational Qualification:.....	
Occupation:.....	Occupation:.....	
Annual Income:.....	Annual Income:.....	
Aadhaar Card No.:.....	Aadhaar Card No.:.....	
Mobile:.....	Mobile:.....	
E-mail:.....	E-mail:.....	

11. Language Option:

i) Second Language: Kannada:.....

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

12. State the age as on 1st June : 20 ____ : ____ Years ____ months

13. Particulars of the Previous School :

Year	School	Class	Result in %

Reason for leaving school.....

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.

.....

.....

.....

Proficiency in Sport / Co-curricular activities.....

SECTION V – CHILD’S GUARDIAN:

19. Details of Guardian : (boarders only / non boarders if applicable-contact no. of a person closely related to the child)

Name	Relationship	Address	Contact no & email id

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 IS MADE BY ME WILL NOT BE CLAIMED FOR A REFUND NOR HOLD THE INSTITUTION RESPONSIBLE.

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

Principal's Remarks:

ADMISSION GRANTED DATE	NOT GRANTED: REASON
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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

Name & Signature of the Parent/s

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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