



Little Krishna Montessori Play School

(A unit of Little Krishna Academy of Sports and Educational Trust)

ISO:9001:2015 Certified

APPLICATION FORM

Admission Date: _____

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission required for :

Note : Please use capital letters only.

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below at Little Krishna Montessori Play School

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Gender

Date of Birth

Date of Birth in words

Male Female

DD MM YY

Blood Group

Religion

Caste

Nationality

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Aadhar No

Community

SC/ST

OBC

GEN

OTHERS

Languages known

Mother Tongue

RESIDENTIAL ADDRESS

Father's Mobile No.:

Mother's Mobile No:

E-mail ID:

E-mail ID:

Distance from school (in kms):

Preferred Phone Number for WhatsApp:

Emergency Contact No. (Res/Mobile)

Name of the person to be contacted

Relationship

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

FAMILY INFORMATION

Father/Guardian:

| | | |
|----------------------------|-----------------|--------------|
| Name: | Age: | Nationality: |
| Educational Qualification: | Institution: | |
| Occupation: | Office Address: | |
| Designation: | | |
| Annual Income: | Tel: | |
| Aadhar No : | | |

Mother/Guardian:

| | | |
|----------------------------|-----------------|--------------|
| Name: | Age: | Nationality: |
| Educational Qualification: | Institution: | |
| Occupation: | Office Address: | |
| Designation: | | |
| Annual Income: | Tel: | |
| Aadhar No : | | |

Details of Brothers / Sisters of the student

| Name | Age | Name of the Institution | Standard |
|----------------------|----------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

In case of staff ward:

Name of the parent:

B. DETAILS OF PREVIOUS STUDY

| Year | School | Standard/Grade |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

The previous school affiliated to:

MONT CBSE ICSE OTHER

C. OTHER FACILITES

- School Transport
School Lunch
Day Care

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY :

Birth Details : Normal Caesarian Forceps

HEARING :

Any difficulty observed : Yes No

Any Consultation with doctor done : Yes No

If Yes, Explain: _____

VISION :

Any Consultation with doctor done : Yes No

Use of Spectacles/Corrective Lenses : Yes No

MOTOR MILESTONES (Approx Months) :

Sitting : _____

Standing : _____

Walking : _____

Speech : _____

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition :

Any Medication taken for general well being :

Any Allergy / any medical information that school should be aware of :

D. ENCLOSURES (ALL documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate – Original Copy (if applicable)
- Passport Size Photos of child (3 Copies)
- Passport Size Photos of parents (2 each)
- Aadhar card copy of child
- Copies of progress report card
- Community Certificate

Please note: Staple all documents to the top left-hand corner of the application

E. MISCELLANEOUS

How did you hear about the LKMPS? _____

DECLARATION

I, _____ have the authority to admit my child/ward _____ into the school as the parents/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here. if necessary, for any reason. I declare that the statement provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date

Signature of parent / Guardian
