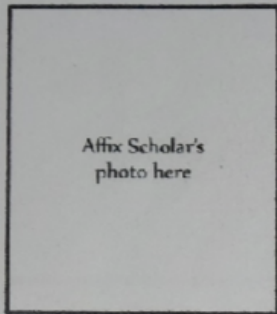


Admission No.:



Name of the Scholar

Grade (apply for)

Father's Name

Mother's Name

Date of Birth

Age on 31. 3. 2021

Cast : OBC ☐ **ST** ☐ **SC** ☐ **GEN** ☐

Permanent Address :

Present Address :

Previous School Attended :

T.C. Dentalis :

Marks Sheet (Xerox Copy):

Vaccination Sheet (Xerox Copy):

Fit for Grade :

Parent's Signature

Student's Signature

Admission No. :

To be filled by Parent

Affix Father's
photo here

Father's Name _____

Office Address _____

Residential Address _____

Occupation _____

Qualifiaction _____

What's app Number _____

Father's Phone Number _____

Local Guardian Phone Number _____

E-Mail ID _____

Affix Mother's
photo here

Mother's Name _____

Office Address _____

Residential Address _____

Occupation _____

Qualifiaction _____

What's app Number _____

Mother's Phone Number _____

E-Mail ID _____

Father's name _____

Mother's name _____

Signature _____

Signature _____

Date _____

Date _____

For Office Use Only

Date of receiving the form _____

Received by _____

Admission No. :

Affix Scholar's
photo here

Name of the Scholar _____

Grade _____

Admission Number _____

facility opted for

☐ Day

☐ After School Programme

(The below mentioned people are authorised to escort the scholar to & from the bus stop/School)

The escort should be 18+ years old.

All escort besides the parents must have a photo ID attached along this form.

Affix Mother's Passport
size photo here

Affix Father's Passport
size photo here

Name _____

Phone No. _____

Relation _____

Name _____

Phone No. _____

Relation _____

Name _____

Phone No. _____

Relation _____

Name _____

Phone No. _____

Relation _____

Date _____

Parent's Signature _____

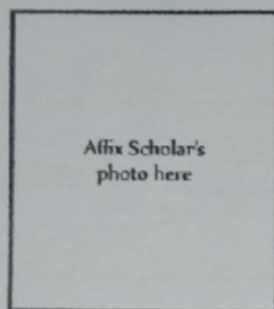
Relation _____

For Office Use Only

Date of receiving the form _____

Received by _____

Admission No. :



Name of the Scholar

Grade

Admission Number

facility opted for

☐ Day

☐ After School Programme

Subsequent to my wards admission to Aam Global School, I

request the School, that my child _____ of Grade _____

may please be allowed to avail the transport facility being provided by the school at the set rates.

Although, I understand that the school will provide full security and safety, exercising due diligence in carrying out the service, the school shall not be held responsible in case of any mishap. I also understand that the school reserves the right to alter/modify/restructure any route, at any point of time in the interest of children and school, as well. I agree to abide by all the rules and regulations laid down by the School Authorities

Name of Parent

Address

Telephone Nos.

Date

Parents's Signature

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Route No.(Pick-Up)

Bus Fee Paid

☐ No

☐ Yes

Route No. (Drop)

Facility paid for

☐ Day

☐ After School Programme

Transport Department Signature

Account's Department Signature

Admission No. :

Name of the Scholar _____

Grade _____

Admission Number _____

Weight _____

Height _____

Blood Group _____

Important

We request you to be completely through in providing information requested below to Aam Global School.

Many scholars over the years have had a variety of medical and psychological difficulties which have not, in any way, interfered with their success at Aam Global School; however, for the scholar's own safety and health, the medical staff must be aware of such problems,

Please check every condition that applies to your ward and provide detailed comments, including date of the condition, medication and current status of the condition. Use additional pages or support the document with medical reports, if necessary.

Has your ward ever suffered from?

1. Asthma/ Wheezing

☐ No ☐ Yes

If yes, please give details _____

2. Bleeding Disorder

☐ No ☐ Yes

If Yes, please give details _____

3. Diabetes

☐ No ☐ Yes

If yes, please give details _____

4. Epilepsy / Convulsions

☐ No ☐ Yes

If yes, please give details _____

5. Migraine / Headache

☐ No ☐ Yes

If yes, please give details _____

6. Syncope / Fainting

☐ No ☐ Yes

If yes, please give details _____

7. Heart Problem

☐ No ☐ Yes

If yes, please give details _____

8. Eye Problem

☐ No ☐ Yes

If yes, please give details _____

Admission No. :

9. Hearing Problem

☐ No ☐ Yes

If yes, please give details _____

10. Does your child have special / restricted Dietary Needs?

☐ No ☐ Yes

(Please attach a photocopy of the Diet Chart)

If yes, please give details _____

11. Has your ward been hospitalized within the last 3 years?

☐ No ☐ Yes

If yes, please give details _____

12. Is your child allergic to:

a. Bee Sting / Insect Bite

☐ No ☐ Yes

If yes, please give details _____

b. Any Medicine

☐ No ☐ Yes

If yes, Please give details _____

c. Food Item

☐ No ☐ Yes

If yes, please give details _____

13. Is your ward taking any medication?

☐ No ☐ Yes

If yes, please give details _____

14. Can the following medications be given to your ward, in case of an emergency:

a. Paracetamol / Crocin

☐ No ☐ Yes

If no, please give details _____

b. Anti - Histamine / Anti - Allergic

☐ No ☐ Yes

If no, please give details _____

c. Antacids / Digene

☐ No ☐ Yes

If no, please give details _____

d. Non-steroidal anti-infalmmatory

☐ No ☐ Yes

If no, please give details _____

e. Any injections (only in case of an emergency as decided by the attending doctor to save the ongoing situation.

☐ No ☐ Yes

If No, please give details _____

For Office Use Only

Date of receiving the form _____

Received by _____