

SRI BALAJI EDUCATIONAL CHARITABLE TRUST (R)



## ADMISSION FORM

Session 20□□-□□

Name of the Child \_\_\_\_\_

Admission sought in Class \_\_\_\_\_

Registration No. □ □ □ □ □ □ □ □ □

Date of Issue \_\_\_\_\_

(Please fill the Form in capital letters only)

1. How did you learn about the opening of Registrations at Little Millennium School.

Advt.  Website  Pre-School  Friends  Other

2. Name of the Child: \_\_\_\_\_ M  F

3. Date of Birth (dd/mm/yyyy):

4. Place of Birth: \_\_\_\_\_ City of Birth : \_\_\_\_\_ State of Birth : \_\_\_\_\_

5. Age as on 30th April 20  :  Years  Months  Days Blood Group : \_\_\_\_\_

6. Admission sought in Class (in words) : \_\_\_\_\_

7. Nationality: \_\_\_\_\_ Domicile of : \_\_\_\_\_

8.\* Mother Tongue: Hindi  English  Other (specify)  \_\_\_\_\_

9. Is your Child suffering from any Chronic Disease / Illness / Allergy / Disabilities which the school should be aware of \_\_\_\_\_

10. Residential Address (Local Address) House No./Plot No.: \_\_\_\_\_

Locality: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Contact No. : \_\_\_\_\_

11. Distance from the School in kms: \_\_\_\_\_

12. Permanent Address (Postal Address) House No./Plot No.: \_\_\_\_\_

Locality : \_\_\_\_\_

City : \_\_\_\_\_ State \_\_\_\_\_ Contact No. \_\_\_\_\_

Please fill in the following :

	Mother
Name :	
Age :	
Academic Qualification :	
Profession :	
Organisation :	
Designation :	
Office Address :	
City/State :	
Office & Mobile No. :	
E-mail :	

Please fill in the following :

Father

Name :	
Age :	
Academic Qualification :	
Profession :	
Organisation :	
Designation :	
Office Address :	
City/State :	
Office & Mobile No. :	
E-mail :	

What are your Child's special skills and interests ? Mention achievements if any :

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What expectation do you have from the School ?

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Area of Interest where Parental Contribution could enrich the School

Music / Dance Drama

Social Skills

Painting / Sculpture

Sports

Academics

Public Speaking

Communication Skill

Media / PR

Bus / Outing Supervision

Community Programmes

Career Counselling

Medical

Others

Name of the Centre : \_\_\_\_\_

Address of the Centre

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