



Shree Siddhivinayak Charitable Trust's
Shree Siddhivinayak Public School
Ananta Nagar, Saykar Mala, Shikrapur, Tal- Shirur Dist-Pune- 412208

ADMISSION FORM

(Please Fill in CAPITAL letters only)

Class Enrolled For: Daycare Play Group Nursery Jr. KG Sr. KG

STUDENT'S INFORMATION

Form No.

Name of the Student

First Name _____

Middle Name _____

Last Name _____

Paste
Student's
Photo

Date of Birth:

Place of Birth _____

Gender: Male Female Blood Group:

Aadhar Number

Religion _____ Caste _____ Sub-caste _____

Nationality _____ Mother Tongue _____

Medical History (if any) _____

Seeking Transport Facility: Yes No

Address _____

Mother's Detail

Name of Mother	
Mobile No.	
Whatsapp No.	
Qualification	
Occupation	
Designation	
E mail Id.	
Residential Address	

Paste
Student's
Mother
Photo

Signature of
Student's Mother

Father's Detail

Name of Father	
Mobile No.	
Whatsapp No.	
Qualification	
Occupation	
Designation	
E mail Id.	
Office Address	

Paste
Student's
Father's
Photo

Signature of
Student's Father

Monthly Income (Rs.) 15,000 to 24,000 24,000 to 50,000 >50,000

Details of Siblings

Sibling Name	Gender	Age	Present School	Standard

Documents Required: -----

1. Birth Certificate
2. Aadhar Card Copies of Student & Parents
3. Three Passport Size Photos of Student
4. One Passport size Photos of Parents
5. Previous School Report Card

Family Doctor

Name : _____

Address: _____

Telephone No. _____ Mobile No. _____

Does your child have any allergies (Food, Medications, Environment, Insects, Animals etc.) ?

Yes

No

If "Yes" please explain:

Does your child have any physical, emotional or behavioral issues that may interfere with his/her learning?

Yes

No

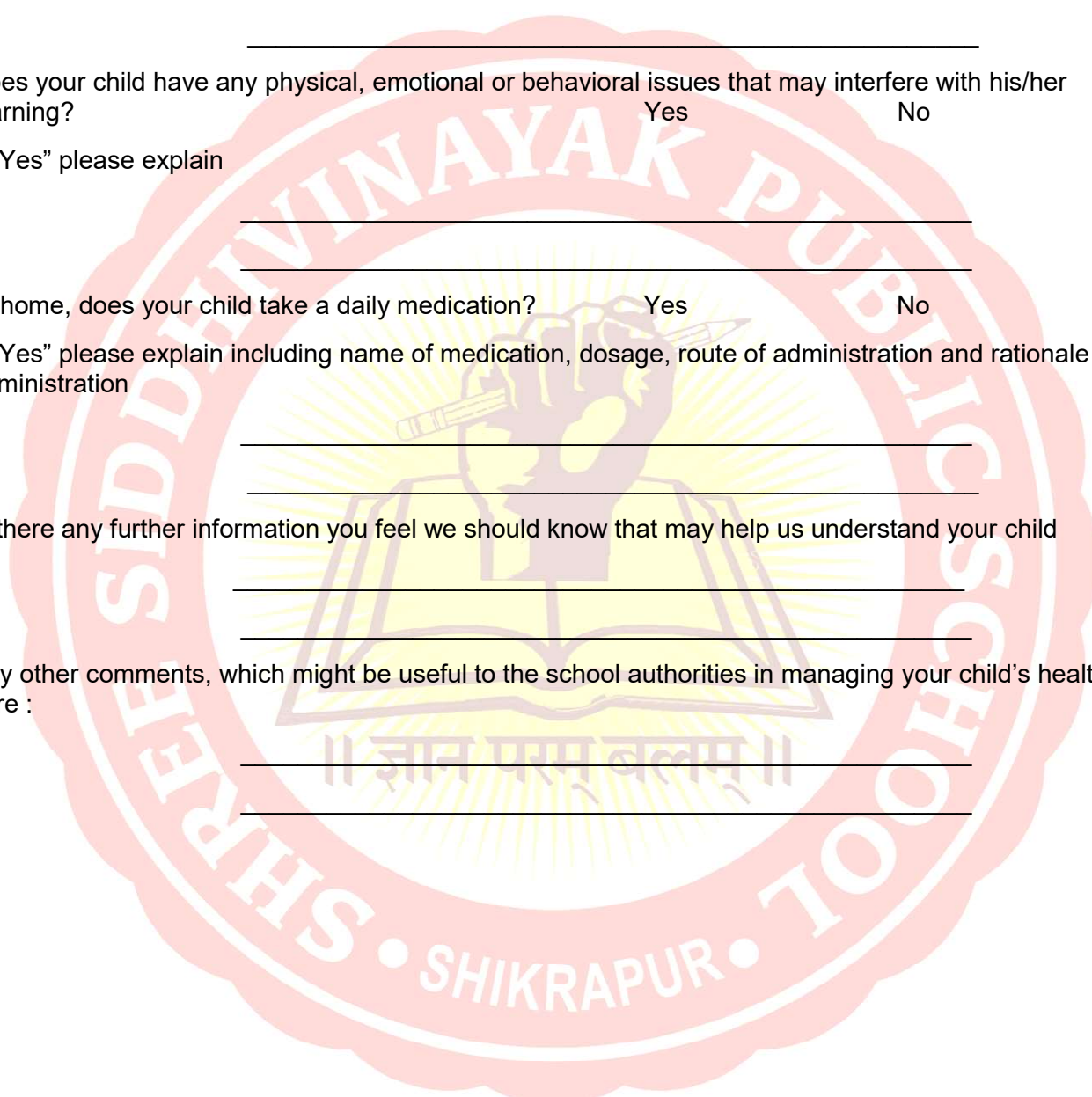
If "Yes" please explain

At home, does your child take a daily medication? Yes No

If "Yes" please explain including name of medication, dosage, route of administration and rationale for administration

Is there any further information you feel we should know that may help us understand your child

Any other comments, which might be useful to the school authorities in managing your child's health care :



Medical History

Child's Immunisation History

Age	Recommendation	Dose 1 DD/MM/YY	Dose 2 DD/MM/YY	Dose 3 DD/MM/YY	Dose 4 DD/MM/YY	Dose 5 DD/MM/YY	Booster DD/MM/YY
Birth	BCG Oral Polio Hep. B						
6 Weeks	Oral Polio DPT Hep. B						
10 Weeks	Oral Polio DPT						
14 Weeks	Oral Polio DPT						
6-9 Months	Oral Polio DPT Hep. B						
9 Months	Measles						
15 Months	MMR						
18-24 Months	Oral Polio + DPT- 1 st Booster						
2 Yrs & 5 Yrs	Typhoid Vaccine						
4-4.5 Yrs.	Oral Polio + DPT- 2nd Booster						
10 Yrs	TT (Tetanus)- 3 rd Booster Hep. B						

Emergency Contact

In the event, the parent/guardian can not be reached, the school will call the people listed below: People listed below should be individuals who can 1. Give permission to administer health care, 2. Pick up the child if the child is ill, 3. Give advice caring your child.

Name _____ Address: _____ _____ _____ ☎ _____ e-mail id _____	Name _____ Address: _____ _____ _____ ☎ _____ e-mail id _____
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