KULLY HUMAN   KULLY HUMAN	DARY SCHOOL MPALAYAM, 104. ckmhss.in
APPLICATION FOR ADMISSION	
ACADEMIC YEAR 20 - 20	
PRE-KG TO X	Affin recent recovert size
A. INFORMATION OF THE CHILD	Affix recent passport size photo
Name of the PUPIL (Capital Letters only)	
Gender Date of Birth Age	Blood Group
Male Female DD MM YYYY	
Religion Roman Catholic Caste	Nationality
Yes NO	
Community Aadhar No.	
□ OC □ BC □ MBC □ SC □ ST □ SS □ BCM □ Others	
Languages Known Mother Tongue	
ALL	
RESIDENTIAL ADDRESS TEMPORARY ADDRESS	5
ALIL	
DMI FOUNDATIONS	
Father's Mobile No. Mother's Mobile No.	
E-Mail ID :	
Distance from school (in kms) : Preferred Phone Number for school SMS :	
Emergency Contact No. (Res/Mobile) Name of the person to be con	tacted Relationship
Do you require bus facility? 🔲 Yes 🗌 No	
If yes, boarding point	

## **B. FAMILY INFORMATION**

Single Parent Tick one, only if applicable Father or Mother

#### Father / Guardian:

Name:	ne: Age: Nationality:	
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Mobile No.:	
Mother / Guardian:		
Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address	
Designation:		
Annual Income:	Mobile No.:	

# Details of Brothers / Sisters of the student

Name	Age	Name of	the Institution	Standard

# Incase of Staff's ward: Name of the Parent:

# C. DETAILS OF PREVIOUS STUDY

Year	Name of the school Studied	Standard / Grade	Grade / Marks obtained in final exams
	SINCLI	904	
The Pre	vious School affiliated to : 🗌 STATE B	OARD CBSE	ICSE Other
Awards	won so far in Sports, Arts, Academics, etc		

D. MEDICAL DETA	AILS OF THE CHIL	D	
Any Medication taken f	Any Medication taken for general well-being of the child.		
Any medication taken	for any medical condi	tion, such attention de	eficit / thyroid (hypo /
hyper) / any other con	dition.		
Does the child have any	y difficulty in seeing?	Yes No	
Any Consultation with	doctor done: 📃 Yes	No	
If yes, Explain :			
Any Allergy / any medi	ical information that so	hool should be aware o	of:
		97	
E. ENCLOSURES (All	documents are ma	ndatory at the time	of admission)
Birth Certificate	Photocopy		
Transfer Certific	ate Original		
Community Cert	ificate Photocopy		
Passport size ph	oto (5 copies)	HUMAN	
Aadhar Card Ph	otocopy	red) TIONS	
Vaccination Card	l Photocopy (if requin	red)ATIONS	
Progress Report	Photocopy - Previous	year (only for new admi	ission from other schools)
Trasnsport From	n (if required)		
The above document the filled application		hotocopies) must be	produced along with
Please Note : Staple	all documents to the	left-hand corner of t	he application
How did you hear about our school?			
Name of the Newspaper	Name of the Magazine	Website	Other

### **F. DECLARATION**

I \_\_\_\_\_\_\_\_ have the authority to admit my child / ward \_\_\_\_\_\_\_, into the school as the parent / 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 statements 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 of Submission:

Place:

Signature of Parent / Guardian

# FOR OFFICE USE ONLY

Master / Mi	iss / Baby :
Standard /	Grade / Class:
Group	ALLUY:
Date	DMI FOUNDATIONS

## **Admission Co-ordinator**

Principal