

SHREE VED INTERNATIONAL SCHOOL

Plot No. X-19,20,21, B/H Cambay Resort, Sector-25, Gandhinagar

Mo.: 77790 77454, 77790 77429, 8490 969624

Admission Form

| Admission No : | Form No: | | | | |
|---|--|------------------|------|--|--|
| *Academic Year:- Affix photo of Child | | | | | |
| *Name :- | | | O/ma | | |
| Last Name | First Name | Middle Name | | | |
| *Gender :- M | F | *Date Of Birth : | | | |
| *Place of Birth :- | The state of the s | *Religion:- | | | |
| Caste:- | | *Nationality:- | | | |
| Address :- | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| *Phone No.: (Preferred Phone Number for School SMS) | | | | | |
| *Previous School A | Attended : | | | | |
| *Result of Previous Class :- | | | | | |

Father's Particulars

Mother's Particulars

Affix photo of Father

Affix photo of Mother

| SAME TO SAME THE SAME | | |
|--|--------------------------------------|--|
| Name : | Name : | |
| Date Of Birth : | Date Of Birth: | |
| Nationality:- | Nationality:- | |
| Highest Education:- | Highest Education:- | |
| Present Employer's Name & Address :- | Present Employer's Name & Address :- | |
| Total Annual Income:- | Total Annual Income: | |
| Telephone Home:- | Telephone Home:- | |
| Telephone Office:- | Telephone Office:- | |
| Mobile Number :- | Mobile Number :- | |
| Fmail:- | Fmail :- | |

(Tick Preferred Email-ID For School Communication)

Emergency Contact Information

| *Contact Person Name : | | | | |
|--|----------|------------|---------------------------|--|
| *Relationship With Child | d : | | | |
| *Home Address : | | | | |
| | | | | |
| 011 II D-4-11 | | | | |
| Sibling Details : Sibling Name : | Age | Current | School Name (if Studying) | |
| | | | , , , | |
| 2 | | | | |
| 3 | | | | |
| In Case of Staff Ward | | | | |
| | | | | |
| Name of the parent : | | | | |
| Conveyance Preference : | | | | |
| | | | | |
| School Transport Authorized Person | | | | |
| | 1 do pes | 77.10 | | |
| My Child is interested in participating in | | | | |
| NOTE: THE ECA (Extra Curricular Activity) & CCA (Co-curricular activities) are available from classes 1 to 9 only. Kindly mention particulars of area interested | | | | |
| Sports : | | Dance : | | |
| Music: | | Literature | : | |
| Area in Which you could contribute to enrich school life in terms of | | | | |
| time, skills etc. | Pleas | se tick : | | |
| Cultural | Sports | Camps | Academics | |
| Medical | Media | Other | | |
| | | | | |

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion. I do hereby consent to the decision taken by the authorities.

NOTE:

1.if any particulars are unavailable, or inapplicable, please enter 'NA' or 'NIL' 2.ALL FIELDS IN THE FORM ARE COMPULSORY TO BE FILLED

Signature of Father / Guardian

Signature of Mother / Guardian

For Office Use Only

| Do | ocuments Submitted : | | | | | |
|----|---|---------------------------------|--|--|--|--|
| | Medical Form | | | | | |
| | SC/ST/OBC Certificate (if mentioned & applicable) | | | | | |
| | Transportation Form | | | | | |
| | Birth / Transfer Certificate | | | | | |
| | Sign and Seal of | | | | | |
| | Admission Co-Ordinator Date :- | Head of the institution Date :- | | | | |