



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:- _____

Student Particulars

*Academic Year:- _____

*Name :-

Affix photo of
Child

Last Name

First Name

Middle Name

*Gender :- M F

*Date Of Birth :

*Place of Birth :- _____

*Religion:- _____

Caste:- _____

*Nationality:- _____

Address :-

*Phone No.:- _____

(Preferred Phone Number for School SMS)

*Previous School Attended :- _____

*Result of Previous Class :- _____

Father's Particulars

Affix photo of
Father

Name :- _____

Date Of Birth :

Nationality:- _____

Highest Education:- _____

Present Employer's Name & Address :-

Total Annual Income:- _____

Telephone Home:- _____

Telephone Office:- _____

Mobile Number :- _____

Email :- _____

Mother's Particulars

Affix photo of
Mother

Name :- _____

Date Of Birth :

Nationality:- _____

Highest Education:- _____

Present Employer's Name & Address :-

Total Annual Income:- _____

Telephone Home:- _____

Telephone Office:- _____

Mobile Number :- _____

Email :- _____

(Tick Preferred Email-ID For School Communication)

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

Documents 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 :- _____