

Application for Admission



STUDENT'S INFORMATION

Name:

(First Name)

(MiddleName)

(Last Name)

Gender:

Age:

Nationality:

Date of birth:

Day

Month

Year

B.S.

Date of birth:

Day

Month

Year

A.D.

Grade you are applying for:

Child's Educational Information:

School's Name

Address

Grade

Year Attended



PARENT'S/GUARDIAN'S INFORMATION

MOTHER:

Name:

(First Name)

(MiddleName)

(Last Name)

Address:

Telephone No.:

Mobile:

Email:

Occupation:

Business:

Service:

Company Name:

Address:

Designation:

FATHER:

Name:

(First Name)

(MiddleName)

(Last Name)

Address:

Telephone No.:

Mobile:

Email:

Occupation:

Business:

Service:

Company Name:

Address:

Designation:

Emergency Contact:

(Person to contact if you are unavailable at above numbers)

Name:

Address:

Telephone No.:

Mobile:

Email:

Relationship:

Preferred No. for SMS:



SIBLINGS' INFORMATION

BROTHER/SISTER:

Name:

Age:

School attending/attended:

Brother/Sister

Name:

Age:

School attending/attended:

Brother/Sister

Name:

Age:

School attending/attended:

Brother/Sister

STUDENT'S MEDICAL INFORMATION

Blood Group:

Allergy/Chronic ailment(if any):

Physical Disability(if any):

Immunization History:

Any other health problem:

Doctor's Name:

Contact No.:

GENERAL INFORMATION

Who recommended the Imperial World School to you and what motivated you to apply?

Expectation from Imperial World School(Please use extra sheet of paper if required)?

Academic	Others
<input type="text"/>	<input type="text"/>



1. What do you most appreciate about your child?

2. Who takes care of your child at home in your absence?

3. What is the best way your child can learn?
(Participating in activity/with musical beat/with an instrument/others)

4. Does your child read for pleasure? If yes list the few names of the book your child has read.

5. How do you rate your child in the following areas?

	Satisfactory	Good	Very Good
Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Skills	<input type="text"/>	<input type="text"/>	<input type="text"/>
Academic Achievement	<input type="text"/>	<input type="text"/>	<input type="text"/>
Linguistic Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Discipline at Home	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Location/Map:



