Application for Admission

STUDENT'S INFORMATION

Name: (First Name)	(MiddleName)		(Last Name)		
Gender:	Age: Natio	nality:			
Date of birth: Day Month Year	B.S. Day	Month Yea	A.D.		
Grade you are applying for:					
Child's Educational Information: School's Name	Address	Grade	Year Attended		

PARENT'S/GUARDIAN'S INFORMATION

OTHER:					
e:					
(First Name) ress:	(Middle	eName)		(Last Name)	
hone No.:	Mobile:		Email:		
upation:					
ness: Service:					
npany Name:					
ress:		Designation:			
1633.		Designation.			
THER:					
ie:					
(First Name) ress:	(Middle	eName)		(Last Name)	
ress.					
hone No.:	Mobile:		Email:		
	Mobile.				
upation:					
ness: Service:					
npany Name:					
ipany Name.					
		Destant of the			
Address:		Designation:			
ergency Contact:					
ton to contact if you are unavail	able at above numbe	ers)			
ne:		Address:			
hone No.:	Mobile:		Email:		
tionship:					
nomp.					
erred No. for SMS:					

SIBLINGS' INFORMATION

BROTHER/SISTER:					
Name:	Age:	School attending/attended:	Brother/Sister		
Name:	Age:	School attending/attended:	brother/sister		
Nume.	Age.	School differentially differenced.	Brother/Sister		
Name:	Age:	School attending/attended:			
			Brother/Sister		
TUDENT'S MEDICAL INFORMA	TION				
TODENT S MEDICAL IN SKIMP	ATTON				
Blood Group: Allergy/Chronic of	ilment(if any):				
Physical Disability(if any):					
Immunization History:					
Any other health problem:					
Any other nearth problem:					
Doctor's Name:	Doctor's Name:				
Contact No.:					
SENERAL INFORMATION					
Who recommended the Imperial World	I School to you o	and what motivated you to apply?			
Expectation from Imperial World Scho	ol(Please use ext				
Academic		Others			

1. What do you most appreciate about	your child?			
2. Who takes care of your child at home in your abscence?				
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 foll				
Leadership	Satisfactory Good Very Good			
Social Skills				
Academic Achievement				
Linguistic Development				
Dependability				
Discipline at Home				
6. Location/Map:				

hereby decl	are that all info	ormation given i	n this applicat	ion is genuine	and we underst	and that on sigi	
Signature	Father: _				Date:		
	Mother: _				Date:		
	Guardian: _				Date:		
OFFICE U	JSE ONLY						
No.: Remarks:	Date	:					
				Sig	nature:		
Kindly subm	it the following	ı document alon	a with this for	m:			

- 1. Birth Certificate
- 2 Certificate issued by previous school
- 3. Four passport size photograph(latest)
- 4. Immunization record