



Klorofeel School, Brahmapur

Plot No. 1598/3838, J J Industrial Road, Bhabandha

Dist: Ganjam, Odisha, 761003

Web: www.klorofeelsschool.ac.in || admissions@klorofeelsschool.ac.in

7894590001 || 7894590002

For office use

Admission Date:

Admission No:

APPLICATION FORM

Affix photo of Student

Affix photo of Mother

Affix photo of Father

Admission required for (Class): _____

Note: Use **Capital letters only**.

We, _____ (Mother) and _____ (Father) wish to admit our **son/daughter/ward**, whose particulars are given below.

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Gender

 Male Female Others

Date of Birth

Date of Birth in words

Blood Group

Religion

Caste

Nationality

Aadhar Number/ Govt.ID

Community: SC/ST:

OBC:

GEN:

OTHERS:

Languages Known

Mother Tongue

RESIDENTIAL ADDRESS

Ward-
Block-

CORRESPONDENCE ADDRESS

Ward-
Block-

Distance from School (in km):

Preferred Phone Number for School SMS:

Emergency contact no.

Name of the Person to be Contacted

Relationship

Transportation Required: Yes/No

Landmark: _____

FAMILY INFORMATION

If you are a Single Parent, fill in details as applicable (Mother or Father). Otherwise, fill in for both Mother and Father.

Mother /Guardian: (Relationship with the Student _____)

Name:	Age:	Nationality:
Educational Qualification:	Organization:	
Occupation:	Major work place address:	
Annual Income:		
Aadhaar No :		
E-mail:	Mobile:	

Father /Guardian: (Relationship with the Student _____)

Name:	Age:	Nationality:
Educational Qualification:	Organization:	
Occupation:	Major work place address:	
Annual Income:		
Aadhaar No :		
E-mail:	Mobile:	

Whether The Student is-

- (i) Single Child: Yes No
- (ii) Specially abled (Divyangjan): Yes No
- (iii) Belonging to the EWS: Yes No

Details of Brothers/ Sisters of the Student

Name	Age	Studying at	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In Case of Staff Ward: Name of the Parent:

MEDICAL HISTORY OF THE CHILD

HEARING:

Any Difficulty Observed : Yes No

If yes, explain: _____

VISION:

Any Difficulty Observed : Yes No

If yes, explain: _____

SPEECH:

Any Difficulty Observed : Yes No

If yes, explain: _____

Any Medication Taken for any Medical Conditions, Such as Attention Deficit/Thyroid

(Hypo /Hyper) /any Other Condition:

Any Medication Taken for General Well Being:

Any Allergy/Any Medical Information that School Should be Aware of:

B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams

The Previous School Affiliated to: BSE, Odisha CBSE ICSE OTHER

Transfer Certificate Details

Transfer Certificate No: - _____

Date of Issue: - _____

Awards won so far in Sports, Arts or Academics

C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate – original copy (if applicable)
- Study Certificate (if applicable)
- Vaccination Card Copy
- Blood Group report
- Passport size photos of child (2 copies)
- Passport Size Photos of Parents (2 Each)
- Aadhar Card of Parent and Child
- Copies of Progress report for last 3 years (as applicable)
- Community Certificate
- Income Certificate

Self-attested Photocopies of the Above Documents must be Produced Along with the Filled Application Form.

Note: Staple All Documents to the Top Left-hand Corner of the application.

D. MISCELLANEOUS

How did you hear about **Klorofeel School, Brahmapur?**

Name of News Paper	Website	Social Media	Others (Please Specify)/ Hoardings/Pamphlets/ Word of Mouth/Catalogue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I, _____ have the authority to admit my child/ward _____ into the school as the parent/legal guardian. I undertake 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 is 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:

Signature of Parent/ Guardian

For Office use

Admission Co-ordinator
Date _____

Boarding Point _____

Head of the Institution
Date _____