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/Guardian) and _____(Father/Guardian)
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

DD/MM/YYY

Date of Birth in words

Blood Group

Religion

Caste

Nationality

Aadhaar 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: _____   Day Boarding: Yes/No

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 ☐

Identification Marks

I.   _____

II. _____

Second Language: ☐ Hindi   ☐ Odia

Details of brothers/ sisters of the student

Name	Age	Studying at (Name of the School)	Standard

In Case of Staff Ward: Name of the Parent: _____

MEDICAL HISTORY OF THE CHILD

a. HEARING deficiency, if any   Yes ☐   No ☐

b. VISION deficiency, if any   Yes ☐   No ☐

c. SPEECH deficiency, if any   Yes ☐   No ☐

If yes, describe

_____

_____

Medication for any health conditions (If any, Specify):

_____

_____

Any medication for general well-being:

_____

_____

Any allergy/any medical information that school should be aware of:

_____

_____

Does the child have learning difficulties? If yes, give the details with medical evidence.

_____

_____

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 in Sports, Arts, Academics, etc.

[   ]

C. ENCLOSURES (Submission of all the documents is mandatory during the time of admission)

- ☐ Birth Certificate
- ☐ Transfer Certificate – Original (As required)
- ☐ Study Certificate (As required)
- ☐ Vaccination card copy
- ☐ Blood group report
- ☐ Passport size photos of child (2 copies)
- ☐ Passport size photos of parents (2 Copies each)
- ☐ Aadhaar card of parent(s) and child
- ☐ Copies of progress report for Last 3 Years or as applicable
- ☐ Community Certificate (SC/ST/OBC-A/B/C/D)
- ☐ Income Certificate
- ☐ Adoption Certificate (If applicable)
- ☐ Bank account details of the child (SC/ST/OBC)

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 know about **Klorofeel School, Brahmapur?**

Name of News Paper	Website	Social Media	Others (Please Specify)/ Hoardings/Pamphlets/ Word of Mouth/Catalogue

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 school 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   Boarding Point   Head of the Institution

Date _____   _____   Date _____