



Date of Admission

ADMISSION FORM

Admission No.

(Please fill the form in Capital letters only)

School Location

1. Name of the Child

2. Admission Sought in Class

3. Gender: Male ☐ Female ☐ Transgender ☐ 4. Blood Group:

5. Date of Birth (dd/mm/yy) 6. Place / State of Birth

7. Age as on 31st March

8. Family ID PEN ID.....

9. APAAR ID.....SRN.....

10. Mother Tongue: Hindi ☐ English ☐ Others

11. Category: General ☐ EWS ☐ Others (Enclosed Caste/EWS Certificate).....

12. Details of Parents: (a)

Mother	Father
Name	Name
Date of Birth	Date of Birth
Academic Qualification	Academic Qualification
Profession	Profession
Organization	Organization
Designation	Designation
Office Address	Office Address
City, State	City, State
Contact No.	Contact No.

(b) Correspondence Address

City State Contact No

(c) Permanent Address

City State Contact No

(d) Emergency No. (s)

(e) Marital Status: Married ☐ Divorced ☐ Widowed ☐

12. Detail of Student

(a) Last School Attended Class

Overall % / Grade in last exam

Medium of Instruction of the School Board of Affiliation

Current School Address

(b) Has your child been involved in a gifted/enrichment program?

Yes ☐ No ☐

If yes, please provide details:

(c) Does your child has special learning needs as identified by trained counsellor?

Yes ☐ No ☐



APOLLO INTERNATIONAL SCHOOL

If yes, please provide details:

(d) Has your child ever been suspended from school?

Yes ☐ No ☐

If yes, please provide details:

(e) Has your child's behaviour or character ever been the subject of professional consultation or treatment?

Yes ☐ No ☐

If yes, please provide details:

(f) Does your child has any health related concerns that we should be aware of ?

(physical challenges, allergies, restricted ability to participate in sports activities etc.

Yes ☐ No ☐

If yes, please provide details:

13. How did you know about the opening of Registrations at

Apollo International School

Website ☐ Hoardings ☐ Friends ☐ Pre School ☐ News Paper Add. ☐ Others

I/We hereby certify that the information is correct to the best of my/our knowledge and belief. Further, I/We fully understand that if any information is found to be false/incorrect, the admission of my / our ward will stand cancelled. I/We also understand that the application for registration does not guarantee admission to my / our ward. If my / our ward is selected for admission, we hereby agree and give consent to abide by the rules and regulations of the school as applicable now and amended from time to time.

14. Documents Required

- 4 Recent passport sized photograph of the ward.
- Recent passport sized photograph (2 each) of the Mother & Father or Guardian.
- Medical Certificate of ward.
- Self-Attested Copy of TC, if applicable.
- Self-Attested Copy of Birth Certificate.
- Self-Attested Copy of Last Mark sheet.
- Self-Attested Copy of Family ID.
- Self-Attested Copy of Aadhar (Student, Father, Mother/Guardian).
- Self-Attested Copy of your ward's custody documents, in case you are a single parent (if applicable).

**Mother's
Photograph**

**Father's
Photograph**

**Authorized
Guardian's
Photograph**

Mother's Name
Signature

Father's Name
Signature

Guardian's Name
Signature

(Office use only)

Allotted Admission No.

Allotted House

Admission Granted Yes ☐ / No ☐

Date of Admission

Session:

Admission Incharge Signature

Principal Signature