

APPLICATION FORM No.



ARISTO PUBLIC SCHOOL

(Senior Secondary School, Affiliated to CBSE, New Delhi. Code No.1930255)

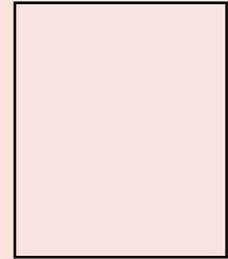
**APS AVENUE, GADILAM BY-PASS ROAD,
THIRUPADIRIPULIYUR, CUDDALORE-607 002. Tamil Nadu.**

Ph : 04142-236888, 95855 37799

e-mail : aristopublicschool@apsfoundation.in

website : www.apsfoundation.in

APPLICATION FORM



CHILD'S INFORMATION :

1. Name of the Pupil (in Block Letters)

In English :

In Tamil :

2. Gender : male female

3. Age : YY MM

4. Date of Birth : DD MM YY

5. Blood Group :

6. Aadhar No. :

7. EMIS No :

8. Nationality / State of pupil :

9. Religion : This information is intended only for statistical purpose

10. Community :

11. Caste : OBC MBC SC ST OTHERS

12. Living with : Parent Guardian Locally Residing

13. Pupil Mother Tongue :

14. Choice of second Language :

15. Hostel Facility : Required Not Required

16. Conveyance Facility : Required Not Required

17. Parent's Details :

a) Name

b) Qualification

c) Occupation

d) Tel. No.

	Father	Mother

CONTACT INFORMATION

18. Residential Address.....

Town/City State..... Pin Code.....

Residential Phone No :

Mobile Phone No : Business Phone No :

Other : Email :

Please checkmark [✓] which of the above is the best way to contact you)

19. Does the child have any siblings? Please list their names & DOB.

.....

If a sibling is studying in the school, please mention the child's name and class.

.....

If a sibling is also applying for admission into the school, please mention the child's name and class.

.....

ACADEMIC INFORMATION :

20. Standard Entering into :

Current and Previous School Details

Name of Institution	Place	Medium of Instruction	Standards / Grades	From (yyyy) To (yyyy)	Reason for withdrawal

if XI Std Group, Subjects.....

X Marks obtained

Subjects	Year of Passing	Marks / Points
Language I		
English		
Maths		
Science		
Social		
Total		

21. I would like to enroll my Son / Daughter into one of the following Extra-Academic Activities as a part of his / her education :

- Karate Dance Pencil sketching & Sculpture Vedic Maths
 Key Board Chess Art & Craft Sports Judo Archery

N.B : Extra Academic Activities (EAA) starts from std-III onwards. Once selected no changes will be made for three years.

MEDICAL HISTORY

Particulars	Date	Comment
Allergies (Including Food)		
Convulsion / Seizures		
Childhood Illness		
Serious Accidents or Injuries		
Surgeries		
Other (Please Specify)		

Date & description of the most recent illness.....

We hereby confirm that all informations given on this application are complete and accurate to the best of our knowledge. We understand that the admission is substantially based on the information provided by us. We also understand that at any stage if the information provided by us is found to be incorrect or that some information is suppressed, it will result in immediate action amounting to dismissal of our child with no fees being refunded. I declare that I will not ask for any change in date of birth in the future.

Father's Signature..... Date

Mother's Signature Date

FOR OFFICE USE ONLY

Admn. No. :

Date : **Principal**

Required Supporting Documentation

- 1. 2 Passport size photos of the child.
- 2. Copy of Birth Certificate.
- 3. Original TC
- 4. Aadhaar Xerox
- 5. 10th Mark Statement