

# Student's Admission Form



Form NO.: \_\_\_\_\_

Location.: \_\_\_\_\_

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Admission Seeking In: ☐ Montessori ☐ Day Care ☐ Day After

To be completed by Parent / Guardian.  
Please use CAPITAL LETTERS to complete the form

## Candidate's Personal Details:

Student's Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)

Date of Birth: DD / MM / YYYY Gender: ☐ Male ☐ Female (Please tick Appropriate)

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

First Language: \_\_\_\_\_ Other Languages Known: \_\_\_\_\_

## Residential Address & Family information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ PIN Code: \_\_\_\_\_

 Father:

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)

E-mail: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

Profession: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

 Mother:

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)

E-mail: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

Profession: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

 Guardian: (If Applicable)

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last) E-mail: \_\_\_\_\_

Relation with student: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_



## In case of Emergency Call Order of Priority with 1st,2nd,3rd?

**1<sup>st</sup> Relation:** \_\_\_\_\_ **2<sup>nd</sup> Relation:** \_\_\_\_\_ **3<sup>rd</sup> Relation:** \_\_\_\_\_  
**Number:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Number:** \_\_\_\_\_

### Sibling Information:

#### Sibling 1

**Full Name:** \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)

**Date of Birth:** DD / MM / YYYY **Gender:** Male Female (Please tick Appropriate)

**School Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

### Reference Details:

**Reference Through:** \_\_\_\_\_ **Tel No.:** \_\_\_\_\_

### Declaration:

I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Parent / Guardian)

For AXIS Academy office use only

### Checklist:

<b>Birth Certificate</b>	<b>Admission Fee</b>	<b>Passport Size Photos</b>	<b>Allergic to anything</b>
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**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Admission Officer)

## General Rules & Regulations

Your kind consideration and cooperation will be appreciated for your assistance as parents/guardians to ensure that the following rules & regulations are observed.

### Age Criteria for Montessori

- ❖ Montessori: Age 2.5+ on first day of school

### Montessori Timing

- ❖ 8:30 AM to 12.30 PM
- ❖ Regular attendance and punctuality are desired. In case of long absence a Medical Certificate should be produced.
- ❖ Both boys and girls should keep their hair neat, finger nails short and clean.
- ❖ Please notify the school office for any change of address or telephone number.
- ❖ In case of illness - Please report about any complications or illness to the teacher or coordinator as soon as possible especially for communicable diseases.
- ❖ In case of withdrawal you need to give 4 weeks notice, during the term. TC will be issued only after clearing pending payments.