





ADMISSION FORM

SCHOOL ADDRESS: Calorx Olive International School

Beside Ahmedabad Dental College, Nr. Arjun Farm, Ranchhodpura-Bhadaj Road, Ranchhodpura, Ahmedabad. Ph: 02764 260 359/246 | Mob.: +91 90 999 33 804

PHOTO

*******	********	***************
Grade in which admission	on is sought	Academic Year
Student's full name (In E	•	
First Name	Middle Name	Last Name
Date of birth (dd/mm/y	y)	Gender Male Female
Place of Birth	Nationali	ty Religion
Father's Name		Mother's Name
Nationality		Nationality
Profession/ occupation_		Profession/occupation
Designation	-	Designation
Name of Organisation		Name of Organisation
_		Mobile
Email ID:		Email ID:
Name of School last atte	ended	
Board followed by last S	School	
Class in which student is	s studying at present	
Extra-curricular interest	S	
Is the student prone to	any sickness/allergy? If Yes Sp	pecify
List Outstanding Acader	mic/Non-academic achieveme	ents by student
List of Documents Requ	ired:	
1. A Photo copy of the B	Birth Certificate	
2. Last Academic Report	issued by previous school(s)	
3. Copy of Competition/	Prize/Award Certificate(s), if	any
		Signature of Parent/Guardian
For office use		
	for Grade,	
Assessment report		
Principal's Remarks		Signature of Principal

For Information Contact: Mob.: +91 90 999 33 804

URL: www.cois.edu.in Email: info@cois.edu.in







CONSENT LETTER

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Date:
Student Name:
Grade:
My Son/daughter has taken admission at Calorx olive International School, Ahmedabad. had paid the fees for the same.
If I get my ward's admission cancelled then the fees will not be refunded.
Place:
Date:
Signature of Parent/Guardian

Signature of Parent/Guardian







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ID Card Form- Students

Dear Parents,

Please fill the required details in Capital letter and return back to Administrative Department.

FULL NAME:				
ADDRESS:				
GRADE:	РНОТО			
DATE OF BIRTH:				
BLOOD GROUP:				
PHONE NO. : (M)				
(R)				
DADENT'S SIGNATUDE:				

NOTE: ELECTRONIC COPY DOES NOT REQUIRE SIGNATURE







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HEALTH CARD							
1)	Name of th	ne Child:					
2)	Grade:						
3)	Date of Bir	th:					
4)	Father's Na	ame:					
5)	Address:						
,							
-		•					
	_	kg:					
9)	Immunisat	ion History:					
	a)	BCG:	YES/NO	f) DPT:	YES/NO		
	b)	Oral Polio:	YES/NO	g) DT:	YES/NO		
	c)	Measles/MMR:	YES/NO	h) Tetanus Booster:	YES/NO		
	d)	Cholera:	YES/NO	I) Meningitis:	YES/No		
	e)	Typhoid:	YES/NO (7-16 year)				
10)	Vaccines	No. (a) to (f) are co	ompulsory.				
	No. (d) and	l (e) are optional, b	out recommended to be g	given once a year.			
	No. (I) is op	otional, but recomi	mended				
11)	Precaution	:					
	(a) Food:.						
	(b) Other:						
12)	History of F	Past illness					
	(a) Specific	(a) Specific diseases suffered:					
		_					
	(d) Drugs a	allergic to, if any, s	pecify:				
13)	Blood Grou		o .				
		•	nedication therapy please	give details below			
,	•						
	-						







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APPLICATION FORM FOR TRANSPORTATION

To be filled by office

Admission	Number:	 	
Admission	to Class:		

1)	Student's name in full (Block Letters):
2)	Father's name in full (Block Letters):
	Mother's name in full (Block Letters):
	Residential Address:
5)	Telephone No. : (R)(M)
6)	Route Number (Preferred):
7)	Pick up/ Drop point (Preferred):
	<u>Instructions</u>
A)	The address provided above shall remain valid for at least six months.

- B) Any application for change in the residential address should be submitted one month in advance to the transport in charge. Subsequently, transport will be provided subject to availability of seats on that particular route / areas in which the school bus is plying. If you need any help of difficulty please contact Transport In-charge.
- C) No temporary changes or adjustment in school transport will be entertained.
- D) The pickup point and dropping point of your ward will be decided by the school & request for extension or change in route will not be accepted.
- E) This form must be duly filled in and submitted at the school on the stipulated date. The school shall not be responsible for providing transport if this form is not received on time.