



Swami Vivekanand Education Foundation

IDEAL PUBLIC SCHOOL

Vitthal Nagar, DSK road, Dhayari Pune -41. Call- 8698035454/8087598790

ADMISSION FORM

PHOTO FATHER

PHOTO STUDENT

PHOTO MOTHER

Admission Requird for :		Admission No.		Gr. NO.	
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Note : Please use CAPITAL Letters only. Student information.

We,.....and.....wish
to admit our son/ daughter/ ward whose particulars are given below as a day scholar at school

SURNAME	FIRST NAME	MIDDLE NAME

GENDER		DATE OF BIRTH			DATE OF BIRTH IN WORDS
male	Female	DD	MM	YY	

Blood Group	Religion	Caste	Nationality

Aadhar No	Blood Group	Community
		SC / ST/ NT / OBC / VJ / GEN / OTHER

FATHER INFORMATION		MOTHER INFORMATION	
Name		Name	
Occupation		Occupation	
Qualification		Qualification	
Mo. No.		Mo. No.	
Aadhar No.		Aadhar No.	
Cast		Cast	
Address		Address	
languages known		languages known	
Email-id		Email-id	

Emergency Contact No.	Name of the Person	Relationship

ENCLOSURES (All documents are mandatory at the time of admission

Brith Certificate - original (if applicable)

Transfer Certificate

Passport size photos of child (5 copies)

Passport size photos of parents (2 each)

Aadhar card copy of parents & child

Copies of Progress cards for the last 3 year

Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

the above documents (recently attested photocopies) must be produced along with

Other Information

Distance from home School Transport ☐ yes ☐ No

Any other information.

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DECLARATION

I..... have by declare that the above given information filled is true to
best of my knowledge and agree to abide by the school rules and regulations.

Date:

Place:.....

Signature of Parent/Guardian

OFFICE USE ONLY

Application Received :

Admit on : Class

Signature of Class Teacher

Clerk sign

Principal Sign