



QUANTUM LEAP SCHOOL

APPLICATION NO. _____

ADMISSION NO. _____

NAME OF THE STUDENT: _____
(WITH SURNAME IN CAPITAL)

PHOTO

DATE OF BIRTH: _____

GENDER: ☐ MALE ☐ FEMALE

PERSONAL IDENTIFICATION
MARKS: _____

MOTHER TONGUE: _____

STUDENT:

a. NATIONALITY: _____ b. RELIGION: _____

CASTE:

a. OC b. OBC c. SC d. ST e. BC MENTION CATEGORY (a,b,c, etc.) _____

FATHER'S NAME: _____ PH NO.: _____ OCCUPATION: _____

MOTHER'S NAME: _____ PH NO.: _____ OCCUPATION: _____

ADDRESS FOR COMMUNICATION: _____

E-MAIL ID: _____

CLASS OF JOINING QLS: _____

DATE OF JOINING QLS: _____

PREVIOUS SCHOOL NAME (IF ANY): _____

IMMUNIZATION PROGRAM: ☐ DONE ☐ NOT DONE ☐ HALF DONE

ANY ALLERGIES: _____

ANY SERIOUS ILLNESS: _____

AADHAR NUMBER OF STUDENT: _____

AADHAR NUMBER OF PARENT (FATHER/MOTHER): _____

DECLARATION:

I hereby declare that, I have fully read and understood all the terms and conditions/
general notes mentioned above and confirm to abide.

SIGNATURE OF THE PARENT

NOTE:

**DEAR PARENTS,
KINDLY FILL THE FORM AND SUBMIT THE PHOTOCOPIES OF THE BELOW:**

- 1.Aadhar card of Student and Parent (whose number you have mentioned)**
- 2.Date of Birth Certificate of the Child**
- 3. Transfer Certificate(TC) pf the Previous School (For Newly Admitted Students)**
- 4. Four passport size photos**
- 5. Caste Certificate**