

AL AQSA ACADEMY – ADMISSION FORM

Academic Session: _____

Admission No.: _____

Date: ____ / ____ / 20____

1. Student Information

- **Full Name of Student:** _____
 - **Date of Birth:** ____ / ____ / ____ (DD/MM/YYYY)
 - **Gender:** ☐ Male ☐ Female ☐ Other
 - **Aadhar No. (if available):** _____
 - **Class Seeking Admission To:** _____
-

2. Parent / Guardian Information

Father's Name: _____

- **Occupation:** _____
- **Contact Number:** _____
- **Email ID (optional):** _____

Mother's Name: _____

- **Occupation:** _____
- **Contact Number:** _____
- **Email ID (optional):** _____

Guardian's Name (if not parents): _____

- **Relationship to student:** _____
 - **Contact Number:** _____
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3. Address for Communication

- **Present Address:**

- **Permanent Address:**

☐ Same as above

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4. Previous School Details

- **Last School Attended:** _____
 - **Last Class Passed:** _____
 - **Transfer Certificate (TC) Submitted:** ☐ Yes ☐ No
 - **Marksheet Submitted:** ☐ Yes ☐ No
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5. Documents Attached (Tick the ones attached):

- ☐ Birth Certificate
- ☐ Aadhar Card
- ☐ Passport Size Photo (2 copies)
- ☐ Transfer Certificate (TC)
- ☐ Last Marksheet
- ☐ Caste Certificate (if applicable)
- ☐ Medical Certificate (if applicable)