



Vydehi School Of Excellence

82, EPIP Area, Vydehi Campus, Whitefield, Bangalore-560 066.

e-mail: info@vydehischool.com

URL: www.vydehischool.com

APPLICATION FORM

Admission No : _____

Affix photo of Father

Affix photo of Mother

Affix photo of Child

Admission required for:

- Grade - I Grade - II Grade - III Grade - IV Grade - V Grade - VI Grade - VII Grade - VIII Grade - IX

Note : Please use capital letter only.

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at the Vydehi School of Excellence

A. INFORMATION OF THE CHILD

Last Name

First Name

Gender

- Male Female

Date of Birth

DD MM YY

Date of Birth in words

Blood Group

Religion

Caste

Nationality

Community

SC/ST

OBC

OTHERS

Languages known

RESIDENTIAL ADDRESS

Tel.: _____
E-mail ID: _____

CORRESPONDENCE ADDRESS

Tel.: _____
E-mail ID: _____

Distance from school (in kms):

Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

Single Parent:

Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the student have any major ailment(s), including any allergy that the school should be aware of?

Incase of staff ward:

Name of the parent:

B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The previous school affiliated to:

SSLC

CBSE

ICSE

OTHER

Awards won so far in sports, arts or academics

C. ENCLOSURES (without which this application will not be accepted)

- Medical Form
- Birth Certificate
- Transfer Certificate - original copy (if applicable)
- Admission Fees
- Copies of progress report cards for the last leatest year (if applicable)
- Tahsildar's Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

The above documents photocopies (duly attested) must be produced along with the completed application form:

- Transportation Form

Please note: Staple all documents to the top left-hand corner of the application

D.MISCELLANEOUS

How did you hear about the Vydehi School of Excellence?

Name of news paper	Website	Name of the Magazine	Others (please specify)/ hoardings/pamphlets/ word of mouth/ catalogue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I, _____ have the authority to admit my child/ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date:

Signature of Parent / Guardian

For Vydehi School of Excellence Office use only

Admission Co-ordinator

Head of the Institution

Date _____

Date _____