



VKIDS

Vydehi School Of Excellence

82,EPIP Area, Whitefield, Bangaluru-560 066.

E-mail : info@vydehischool.com

URL : www.vydehischool.com

## APPLICATION FORM

Admission Date: \_\_\_\_\_

Admission No: \_\_\_\_\_

Affix photo of Father

Affix photo of Mother

Affix photo of Child

Admission required for:

Daycare

Note : **Please use capital letters only.**

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

### A. INFORMATION OF THE CHILD

First Name  Middle Name  Last Name

Gender

Male  Female

Date of Birth

DD  MM  YY

Date of Birth in words

Blood Group

Religion

Caste

Nationality

Aadhar Number

Community

SC/ST

OBC

GEN

OTHERS

Languages known

Mother Tongue

### PERMANENT ADDRESS

Father's Mobile No.:   
E-mail ID.:

### RESIDENTIAL ADDRESS

Mother's Mobile No.:   
E-mail ID.:

NOTE: IN CAPITAL LETTERS ONLY

Distance from school (in kms):

Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

## FAMILY INFORMATION

Father/Guardian:

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

Mother/Guardian:

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

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"/>

### C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2 each)
- Aadhar card copy of parents

# MEDICAL HISTORY OF THE CHILD

## BIRTH HISTORY :

Birth Details : Normal  Caesarian  Forceps

Birth Cry : Immediate  Delayed

Discharge from Hospital : \_\_\_\_\_ (Number of days)

Specialize care given in the hospital : Yes  No

If Yes, NICU :  Extended hospital stay

Explain: \_\_\_\_\_  
\_\_\_\_\_

## HEARING :

Any difficulty observed : Yes  No

Any Consultation with doctor done : Yes  No

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

## VISION :

Any Consultation with doctor done : Yes  No

Use of Spectacles/Corrective Lenses : Yes  No

## MOTOR MILESTONES (Approx Months) :

Sitting : \_\_\_\_\_

Standing : \_\_\_\_\_

Walking : \_\_\_\_\_

Speech : \_\_\_\_\_

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition :

\_\_\_\_\_  
\_\_\_\_\_

Any Medication taken for general well being :

\_\_\_\_\_  
\_\_\_\_\_

Any Allergy / any medical information that school should be aware of :

\_\_\_\_\_  
\_\_\_\_\_

## 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

## 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

\_\_\_\_\_

\_\_\_\_\_

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**For VKIDS Office use only**

Admission Co-ordinator

Head of the Institution

Date \_\_\_\_\_

Date \_\_\_\_\_