



ākṣhar - árbol
INTERNATIONAL SCHOOL



16, Umapathy Street, West Mambalam, Chennai-33. T : +91 44 2483 3275 E : admin@akshararbol.edu.in W : akshararbol.edu.in

APPLICATION FORM

Please fill in capital letters . All fields must be completed. Incomplete applications will not be processed.

1. Application No. 2. Admission No.

3. Class to which applying 4. Applying for academic year

5. Photos:

Father

Mother

Student

6. Name of student :

7. Gender ☐ Male ☐ Female

8. Date of birth (dd / mm / yy) : / / 9. Place of birth :

10. Height :(cm). 11. Weight(Kg).

12. Language(s) spoken at home :

13. Mother Tongue :

14. Student stays with :

15. Presently living at :

16. Nationality 17. Religion*

18. Category* (SC / ST / MBC / BC / OBC / FC) 19. Caste*

*As required by the Government

20. Student Aadhar Card number

21. Student Passport Number

22. Does the Student have brothers / sisters in (or applying to) the school? (Please give Name and Class)

Names.....Class.....

Nurturing Young Minds

23. PARENTS DETAILS:

FATHER

MOTHER

i) Name		
ii) Present Residential Address		
iii) Mobile No.		
iv) Residential Landline No. with area code		
v) Educational Qualification		
vi) Designation		
vii) Employer		
viii) Occupation		
ix) Official Address		
x) Annual Income		
xi) Office Contact No.		
xii) Personal Email Id		
xiii) Mother Tongue & other Languages Known		

24. GUARDIAN DETAILS:

i) Name of Guardian	
ii) Relationship with Student	
iii) Contact No.	
iv) Address	
v) Email Id	

25. SCHOOL & CLASS THE STUDENT HAS LAST STUDIED

(Kindly attach copies of the transcripts of all the previous grades)

Sl.No	Name of School	Last Class Attended	Subjects Studied	Marks Obtained	School Leaving Date

Academic Achievements:

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26. LANGUAGES (Kindly attach language transcripts, if any)

Sl.No	Language	Level	Proficiency

27. OTHER ACTIVITIES

	Interest	If participated in any competition
i) SPORTS		<input type="checkbox"/> Yes <input type="checkbox"/> No
Achievements		
ii) ARTS		<input type="checkbox"/> Yes <input type="checkbox"/> No
Achievements		

iii) Others :

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28. STUDENT'S HEALTH DETAILS

BLOOD GROUP

MEDICAL HISTORY / KNOWN ALLERGIES

Student

REGULAR MEDICATION (If any)

29. Emergency contact number

In the unlikely event of emergency where the parent / guardian cannot be reached, the school will call the person listed below.

Person listed should be an individual who can

- 1. Give permission to administer any form of health care*
- 2. Pick up the Student if he or she is ill or*
- 3. Give advice about caring for the student.*

Name :

Address :

Pin : Home Phone :

Mobile No. : E mail Id :

Relationship with Student :

30. Any parents of the school who can be your contact, if not mentioned in 29 (Serial No)

I/We hereby declare that all the information given above is true.

Signature of Parent or Guardian:

Date:

TERMS AND CONDITIONS

- 1 A candidate seeking admission to Akshar Arbol International School (AAIS), must be introduced to the Admission in-charge in person by an adult (Parent or guardian) who will be responsible for the students.
- 2 The school authorities expressly reserve the right and discretion as regards admission of students.
- 3 Fees once paid will not be refunded under any circumstance.

Signature of the Parent / Guardian

Date:

FOR OFFICE USE ONLY :

Date of Admission :

Name of Student :

Interviewed / Assessed by : Admitted to :

Application	Refundable Caution Deposit	Admission Fee	Tuition Fee

Signature: