



|                       |   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|-----------------------|---|----------------------------------|-----------------------------------|----------------|------------------------------------|--------------|--|--------------------|------------------------------------|--------------|
| 13.                   | Present Residential Address   |                                  | .....<br>.....<br>.....<br>.....  |                |                                    |              |  |                    |                                    |              |
|                       | Contact No.   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Whatsapp No.  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Landline  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
| 14.                   | Detail  |                                  | Father                            |                | Mother                             |              | Affix stamp<br>size photo<br>of the Father |                    |                                    |              |
|                       | Name  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Edu. Qualification  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Occupation  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Designation   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Occupational Address  |                                  |                                   |                |                                    |              | Affix stamp<br>size photo<br>of the Mother |                    |                                    |              |
|                       | Annual Income   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Office Landline   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Mobile No.  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Whatsapp No.  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
| Email ID              |   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
| 15.                   | Details of previous school / class / medium / language  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Class Studying / Studied :  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Medium of Instruction   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Second Language   |                                  |                                   |                |                                    |              |  |                    |                                    |              |
|                       | Board Affiliated to<br>(Please ✓ )  |                                  | <input type="checkbox"/> TN State |                | <input type="checkbox"/> TN Matric |              | <input type="checkbox"/> Anglo Indian      |                    | <input type="checkbox"/> Any other |              |
|                       |   |                                  | <input type="checkbox"/> CBSE     |                | <input type="checkbox"/> ICSE      |              | <input type="checkbox"/> IGSCCE            |                    | <input type="checkbox"/> IB        |              |
|                       | Name of the School  |                                  |                                   |                |                                    |              |  |                    |                                    |              |
| Address of the School |   | .....<br>.....<br>.....<br>..... |                                   |                |                                    |              |  |                    |                                    |              |
|                       |   | City                             |                                   |                | Pin code                           |              |  |                    |                                    |              |
| 16.                   | Academic Performance in the present class in Summative Assessment (SA-II) Second Terminal Examination (please attach photo copy of Mark Card) |                                  | <b>S. No</b>                      | <b>Subject</b> | <b>Mark%</b>                       | <b>Grade</b> | <b>S. No</b>                               | <b>Subject</b>     | <b>Mark%</b>                       | <b>Grade</b> |
|                       |   |                                  | 1.                                | English        |                                    |              | 5.   | Science            |                                    |              |
|                       |   |                                  | 2.                                | Language-2     |                                    |              | 6.   | Social Science     |                                    |              |
|                       |   |                                  | 3.                                | Language-3     |                                    |              | 7.   | Computer Science   |                                    |              |
|                       |   |                                  | 4.                                | Mathematics    |                                    |              | 8.   | Physical Education |                                    |              |

|     |  |   |  |     |
|-----|--|---|--|-----|
| 17. | Your child's area of interest<br>(Please ✓ the appropriate box)  | <input type="checkbox"/> Music (vocal) <input type="checkbox"/> Music (Instrumental) <input type="checkbox"/> Dance <input type="checkbox"/> Art<br><input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Elocution <input type="checkbox"/> Cricket <input type="checkbox"/> Any other    |  |     |
| 18. | Special Achievements, if any in sports / games / cultural / arts<br>(Please mention & attach copy of relevant certificates)                            | 1.  | Certificate Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |     |
|     |  | 2.  | Certificate Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |     |
|     |  | 3.  | Certificate Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |     |
|     |  | 4.  | Certificate Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| 19. | Personal Identification Marks  | 1.<br>2.  |  |     |
| 20. | Medical History  | <input type="checkbox"/> Height of the child in ft. ....<br><input type="checkbox"/> Weight of the child in Kgs. ....<br><input type="checkbox"/> Blood Group ..... (attach clinical report)<br><input type="checkbox"/> Ailments (if any) specify .....  |  |     |
| 21. | Is the child under treatment for any sickness  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please disclose to the school during admission time.  |  |     |
| 22. | About your child   | Three Positive Points   | Three Special Concerns   |     |
|     |  | 1.....  | 1.....   |     |
|     |  | 2.....  | 2.....   |     |
|     |  | 3.....  | 3.....   |     |
| 23. | Details about Siblings (if any)  | Name of Brothers / Sisters  | Class Studying   | Age |
|     |  |   |  |     |
| 24. | Approximate distance of residence from School  | <input type="checkbox"/> Upto ½ km (Walkable Distance)<br><input type="checkbox"/> 1 km to 3 km <input type="checkbox"/> 3 km to 5 km <input type="checkbox"/> 5 km to 7 km<br><input type="checkbox"/> 7 km to 10 km <input type="checkbox"/> 10 km to 15 km <input type="checkbox"/> Above 15 km                              |  |     |
| 25. | Mode of Commuting  | <input type="checkbox"/> By walk, along with Parents / Guardians / Maid<br><input type="checkbox"/> By Two wheeler, with father / mother / driver<br><input type="checkbox"/> By Metropolitan Bus Service (MTC bus)<br><input type="checkbox"/> By Private Transport<br><input type="checkbox"/> Will seek the School Transport |  |     |
| 26. | Would you avail School Bus / Van facility if provided by School (school bus / van service to your locality will be provided depending on the response) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, please collect the School Transport Application Form and apply for the same at the time of Registration)   |  |     |

