

IDEAL INTERNATIONAL INSTITUTE OF EDUCATION

(An ISO 9001-2008 Certified Educational Institution)
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(Photo)

IDEAL MONTESSORI SCHOOL APPLICATION FORM

							e managaran									
1. Name of pupil (Initials at the end):																
2. Identification marks, if any 1.																
· 2.																
3. Date of birth with				T								1	1_		Fema	
completed years and months					8							Ma	ile [rema	ie
(in words):		21210/22121100								_				-		
											1					
1	Height				W	eight					Bloc	d gro	up			
4. Name of Father																
5. Occupation of Father	Gover	nment S	Servic	e / Priv	ate Serv	rice / B	usines	s / Ag	gricult	ture/ A	broad / D	aily w	age Ear	ner /Ot	hers	
6. Qualification of Father																
7. Permanent Address		Ì								Ì	Ť					
			1													
											DIN					
											PIN					
8. Telephone Number (Land phone)							Mol	bile I	Phon	e						
E-mail:																
9. Name of Mother																
10. Occupation of Mother	Gove	rnment	Servi	ce / Pri	ivate Sei	vice / I	Busine	ess / A	broad	l / Dail	y wage E	arner /	Others	House	e wife	
11. Qualification of Mother																
12. Telephone Number (Land phone)							Mo	bile l	Phon	е						
13. Name, Address and Occupation																
of Local Guardian if the child																
does not live with his/her Parent:																
											PIN					

I	rrue to the best of my knowled FOR OF Admission is given by Yes No	redge and belief. FICE USE Ven to Receipt No. Place	Signature of th	will ab	
discipline of the school, and that my characteristic The particulars furnished above are Place Date: Date of Admission Admission fee Is conveyance required? Is school vehicle available? Boarding point	rrue to the best of my knowled FOR OF Admission is given by Yes No Yes No the same boarding point	redge and belief. FICE USE Ven to Receipt No. Place	Signature of th	will ab	
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discipline of the school, and that my ch	ild				
I	hereby declare that I have	e carefully gone	through the rules	and regulations of	the general
	DECLA	RATION			
	45				
23. Pupil's Thumb Impression:		A.			4
	,	-			
22. Whether the student is having a If so,	any physical disability: Please specify				
21. Family doctor's name:					
20. Date of last vaccination against	t Tetanus / Diphtheria / Sn	nall pox / Polio/ F	BCG :		
19. Mother tongue of the child:					
18.Admission is sought to :	Mon:l Moi	n:II Mon: (One Year)		
17. Pupil's U.Id. No.:					
16. Nationality & State which the cl	hild belongs to:				
15. Whence Coyou of Obo.					
14. Religion and caste :15. Whether SC/ST. or OBC :					