

IDEAL INTERNATIONAL INSTITUTE OF EDUCATION



(An ISO 9001-2008 Certified Educational Institution)
KADAKASSERY, THAVANUR, MALAPPURAM DT. 679 573
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Web:www.idealeducation.org, Email: mail@idealeducation.org

Application for Admission

1. Name of Child <i>(Initials at the end):</i>			
2. Identification marks, if any	1.		
	2.		
3. Name of Parent or Guardia & the relationship with child :			
4. Occupation and Address of Parent/Guardian :			
5. Name, Address and Occupation of Local Guardian if the child does not live with his/her Parent :			
6. Details of the School previously attended .			
	Name of School	Standard	Date of Admission
			Date of Removal
7. a. Age and date of birth with completed years and months (in words) :			
b.Whether birth certificate/certificate from a medical practitioner/ Declaration from the parents; produced at the time of admission.			
8. Religion and caste :			
9. Nationality & state which the child belongs to :			
10. Whether SC/ST. or OBC :			
11. a. Standard to which admission is sought for :			
b. Medium of instruction sought for :			
12. a. Mother tongue of the child :			
b. Language which is opted as I language as Part I :			
13. No. and date of Transfer Certificate produced on Admission:			
14.Date of last vaccination against Tetanus / Diphtheria / Small pox / Polio/ BCG :			

DECLARATION

I..... hereby declare that I have carefully gone through the rules and regulations of the general discipline of the school, and that my child will abide by them.

The particulars furnished above are true to the best of my knowledge and belief.

I hereby declare that the date of birth of my son / daughter is true in accordance with the birth certificate and I will not ask for any alteration or change in it, and that I will produce the true copy of the birth certificate if needed

Place

Date:

Signature of the Parent

FOR OFFICE USE

Date of Admission	Std to which admission is given	Admission No	Signature of Principal



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Photos

STUDENT'S PROFILE																												
Name																												
Exp. of initials																												
Father's name																												
Mother's name																												
Date of birth/...../.....										Age						Male <input type="checkbox"/>		Female <input type="checkbox"/>									
Religion											Caste																	
Permanent address																												
Address for communication																												
Telephone No.											Cell No.																	
Admission is sought to	<input type="checkbox"/> Mon-I <input type="checkbox"/> Mon-II																											
Student's height											Weight																	
Blood group	<input type="checkbox"/> A+Ve <input type="checkbox"/> A-Ve <input type="checkbox"/> B+Ve <input type="checkbox"/> B-Ve <input type="checkbox"/> O+Ve <input type="checkbox"/> O-Ve <input type="checkbox"/> AB+Ve <input type="checkbox"/> AB-Ve																											
Family doctor's name											Cell No.																	
Whether the student is having any physical disability. If so, Please specify																												
Whether Birth certificate / Photographs are submitted at the time of admission														<input type="checkbox"/> YES <input type="checkbox"/> NO														

FATHER'S PROFILE	
Address	
Tel. No.	
Qualification	
Occupation	

MOTHER'S PROFILE	
Address	
Tel. No.	
Qualification	
Occupation	

Date :

Signature of the Parent

Admission fee			Receipt No.		
Is Hostel accomodation needed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is conveyance required ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is school vehicle available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Place	
Boarding point					
If there is any other student from the same boarding point, Specify Name & Class:					
Date of admission:					
ADMISSION NO.				Std. which admission is given to	

Signature of Principal