VIDYODAYA NURSERY SCHOOL

No.1, Thirumalai Road, Chennai – 600 017.
Telephone : 28343722, E-mail :vpp.vidyodaya@gmail.com

Application for Admission 20 - 20

Student's Passport Size Photo

App.No. B0001 **Admn No. ……**

1.Name of the pupil in full _____
(in block letters with initials)

2.Date of Birth | | | **DAY** | | | **MONTH** | | | | | **YEAR** (in figures)

Date of Birth _____ (in words)
(copy of the Birth Certificates to be enclosed)

3.Nationality _____ 4.State _____

5.Mother Tongue _____ 6.Religion _____

7 a. Community **SC / ST / MBC / BC / OC** 7 b. Caste _____

(Copy of the Community Certificate to be enclosed if applicable)

8.a) **Father's Name** _____ b) Name of the Office_____

c) Educational Qualification _____ d) Designation _____

e) Residential Address_____ Address _____

_____ _____

Ph: _____ Ph: _____

E.mail: _____ Annual Income_____

9.a) **Mother's Name** _____ b) Name of the Office _____

c) Educational Qualification _____ d) Designation _____

e) Residential Address_____ Address _____

_____ _____

Ph: _____ Ph: _____

E.mail: _____ Annual Income_____

10.a) **Guardian's Name** _____ b) Name of the Office _____

c) Relationship to student _____ d) Designation _____

e) Residential Address_____ Address _____

_____ _____

Ph: _____ Ph: _____

E.mail: _____ Annual Income_____

(Office Use)

Application No. B0001 **Name of the Pupil: _____**

Dear Parent,

You are requested to call at the School along with your ward and spouse

on _____ at _____ .

Head Teacher

11. Medical History:

a) Whether the following immunizations have been done?

i) Measles ☐ **Yes** ☐ **No** ii) Polio ☐ **Yes** ☐ **No**

iii) Tetanus ☐ **Yes** ☐ **No** iv) Whooping Cough ☐ **Yes** ☐ **No**

v) Diphtheria ☐ **Yes** ☐ **No**

b) Is the child suffering from any communicable disease? _____

c) Is the child suffering from any allergy? _____

d) Does the child require any special needs? _____

e) Any other information as regards her health to be communicated to the School

_____

12) a) Is any sister studying in Vidyodaya School at present ? if so kindly provide the following details

Name: (1) _____ (2) _____

Class & Section: _____ _____

School: _____ Admitted in Class _____ in the year _____

b) Is any close relative a student of this Institution? Past /Present ☐ **Yes** ☐ **No**

Relationship : _____

Name : _____ School _____ from (yr) _____ to _____

13) Declaration by Father / Guardian:

I solemnly declare that all the information furnished by me in this application is correct to the best of my knowledge. I am submitting this application with the complete understanding that my child / ward will be admitted only if there is a vacancy and the requirements for admission to the School are met. I accept that the School's decision in this regard is final and binding on me.

Signature of the Father / Guardian.

Chennai :

Date :

Note: 1. Application which does not give necessary information will be invalid.

2. Signature of a guardian can be accepted only with a written authorization by father or mother.

(Office Use)

You are requested to bring the following

a) Original Birth Certificate (Corporation / Municipality) with the name of child
b) Original health Certificate stating that the child has had all the required immunizations.
c) Original Community Certificate (Corporation / Municipality) with the name of child

Head Teacher