



# Children's Academy

GHAZIABAD

Affiliated to C.B.S.E NEW DELHI

## ADMISSION FORM

SPACE FOR  
PHOTOGRAPH OF  
MOTHER

SPACE FOR  
PHOTOGRAPH OF  
FATHER

SPACE FOR  
PHOTOGRAPH OF  
CHILD

Class:	-----
Admn No.:	-----
House:	-----
Session:	-----
Date:	-----

NAME OF THE STUDENT (in block letters)	
DATE OF BIRTH (Certificate to be attached)	
Age as on April (Minimum Age 3yrs for Pre-Nursery )	
ADDRESS	Res. Phone No/s
FATHER'S NAME(in full)	
MOTHER'S NAME(in full)	

DETAILS OF THE CHILD'S OWN BROTHER/SISTER		Name	Age	School presently studying in	Class
	1.				
	2.				
	3.				

Whether School Transport is required: (Y/N)
The Student belongs to SC/ST/OBC/General Category (Attach Certificate)
Proficiency of the Child in the field of Co-Curricular Activities/Sports
ANY OTHER INFORMATION: (Regarding Family Background or Medical Background)
Your Expectations from this institution:

PARENTS	SPECIMEN SIGNATURE	EDUCATIONAL QUALIFICATION	DESIGNATION & OFFICE	INCOME	TELEPHONE NO./S (office)
FATHER					
MOTHER					

DECLARATION: I certify that the particulars given above are correct and nothing has been concealed (the admission will automatically cancelled if any wrong information is provided). If my child is selected, I agree to abide fully by the Rules and Regulations of the school, pay the fees in advance and settle due accounts promptly(1-10of each month)

I shall ensure that his/her educational needs are met in full. Quality education and well being of my ward will be given top priority in my family.

Date.....

Sig. of Parent's/Guardian

Principal's Approval