



ASHOK
INTERNATIONAL
PUBLIC SCHOOL

APPLICATION FORM

ASHOKA KIDS

PRESCHOOL | DAYCARE

Admission Date:

Admission No:

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission Sought for:

Note : Please use capital letters only.

A. PARTICULARS OF THE CHILD

First Name Middle Name Last Name

Gender Male Female Date of Birth DD MM YY Date of Birth in words

Blood Group Religion Caste Nationality

Aadhar No

Community SC/ST OBC GEN OTHERS

Languages known Mother Tongue

PERMANENT ADDRESS

PRESENT ADDRESS

NOTE: IN CAPITAL LETTERS ONLY

Distance from school (in kms): Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate (✓) if you require transport facility for your child: Yes No

FAMILY INFORMATION

Number of members in the family: _____

Particulars	Father	Mother	Guardian
Name:			
Age:			
Educational Qualification:			
Institution:			
Occupation			
Designation:			
Annual Income:			
Office Address			
Phone No: Mobile Landline			
Email ID			

Single Parent:

Tick one, only if applicable: Father Mother

If child is sponsored

(Name of sponsoring agency)

Permanent Address:

Details of Brothers / Sisters of the student:

	Sibling 1	Sibling 2
Name		
Age		
Gender		
Current School		
Current Grade		
Have you also applied for sibling's Admission?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

In case both parents are working, what is the support system at home?

Please share something special about your child.

B. DETAILS OF PREVIOUS STUDY

Year	School/pre-school	Standard/Grade	Grade/Marks obtained in final exams

The previous school affiliated to: CBSE ICSE State Others

Medical Information: a. Blood Group_____ b. Any allergies_____

c. Vaccinated or not? _____

How did you come to know about Ashok International Public School?

Newspaper Online Search Social Network Hoardings Word Of Mouth
Others (Please specify) _____

Registration Form Checklist:

The registration form should be duly filled and submitted along with the following documents to the school within three days from the date of issue of this form.

- One passport size photograph of the child
- Self-attested copy of birth certificate issued by the Municipal Committee/Municipal Corporation
- Self-attested copy of residence proof
- Copy of the progress report from the previous school (if applicable)

Undertaking from the parent

- a. I hereby certify that the above information is accurate to the best of my knowledge and belief.
I understand that if any part of it found to be false, this application will be cancelled.
- b. I fully understand that the school, on accepting the registration form of my child, is not bound to grant admission.
- c. I agree that the decision of the school administration regarding grant of admission will be final and binding on me.
- d. I understand that the school transport will be provided on specified routes/stops only.
- e. I acknowledge that the registration fee is non-refundable.
- f. I agree to follow and ensure that my child abides by all the rules, regulations and procedures laid down by the school from time-to-time.
- g. I abide to attend all PTM meetings conducted by the school

Name of Mother/Guardian: _____ Signature of Mother/Guardian: _____

Name of Father/Guardian: _____ Signature of Father/Guardian: _____

Date: _____ Place: _____

Please log on to our website **www.ashok.ac.in** for admission related updates.

FOR OFFICE USE ONLY

Received By: _____

Form received on (Date): _____

Receipt NO.: _____

Signature: _____

Email: AIPS@ashok.ac.in | www.ashok.ac.in

Contact No: _____ | _____

Kammagondanahalli Main Road, Jalahalli West. Bengaluru - 560015
