



APPLICATION FORM

REFERRAL:

Student Name: Class:
Student Admission Number:
Teacher/Staff Name:
Teacher/Staff Reference Number:

Child

Mother

Father

Admission required for:

Baby Nursery Nursery LKG UKG Grade: _____

Note: Please use capital letter only.

A. INFORMATION OF THE CHILD

FIRST NAME

LAST NAME

GENDER

FEMALE MALE

DATE OF BIRTH

____|____|____

ID No. / PASSPORT No.

BLOOD GROUP

RELIGION

NATIONALITY

_____|_____|_____

LANGUAGE KNOWN

_____|_____|_____|_____

PERMANENT ADDRESS

PRESENT ADDRESS

TEL:	TEL:

EMERGENCY CONTACT NO (RES/MOB)	NAME OF THE PERSON TO BE CONTACTED	RELATIONSHIP

B. FAMILY INFORMATION

FATHER/GUARDIAN:

Name:	Age:	Nationality:
Home Address:	Office Address:	
ID no:	Tel/ Mob:	
Email address:		
Occupation	Designation:	

MOTHER/GUARDIAN:

Name:	Age:	Nationality:
Home Address:	Office Address:	
ID no:	Tel/ Mob:	
Email address:	Institution:	
Occupation	Designation:	

SINGLE PARENT

Father	Mother
ID no:	ID No:
Contact No:	Contact No:
Present Address:	Present Address:

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard

C. CHECKLIST OF REQUIRED DOCUMENT

- Birth Certificate copy
- Identity Card copy (Student & Parent)
- Vaccination Card copy
- Passport Size photo (2 copies)
- Passport size photo of parents (1 copies)

a



Mianz International School

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY:

Birth Details: Normal Caesarian Forceps

Birth Cry: Immediate Delayed

Discharge from Hospital: _____ (Number of days)

Specialize care given in the Hospital: Yes No

If Yes, NICU: Extended hospital stay

Explain:

HEARING:

Any difficulty observed: Yes No

Any Consultation with doctor done: Yes No

If Yes, Explain: -

VISION:

Any Consultation with doctor done: Yes No

Use of Spectacles/Corrective Lenses: Yes No

MOTOR MILESTONES (Approx. Months):

Sitting: -

Standing:

Walking:

Speech:

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition:

Any Medication taken for general wellbeing:

Any Allergy / any medical information that school should be aware of:

D. MISCELLANEOUS

How did you hear about the Mianz International School?

Social Media

Name of the news Paper

Others (Please Specify)

E. DECLARATION

I, _____ have the authority to admit my child /ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school. I agree that I will be legally bound to clear all the payments (if there is any) before withdrawing the student from school.

Date:

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Form Completed:	Form Received by:	Signature:	Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No			