

CHILDREN'S ACADEMY

All India Senior Secondary Day & Residential School
(Affiliated to C.B.S.E.,New Delhi) Via Affiliated No.3530006
83,TAGORE VILLA, CHAKRATA ROAD, DEHRA DUN (UTTARAKHAND)

FORM OF APPLICATION FOR ADMISSION

1. Name Of Child
- Father's Name
- Mother's Name
- Permanent Address
-
2. Date Of Birth
3. Nationality
4. Mother Tongue
5. Present address of Father/Guardian
-
- Ph No. Mob Landline No.
6. Professional details
7. Desiring Admission in Class
8. (i) School last Passed
- (Transfer Certificate must be attached)
- (ii) Class last attended & passedT.C.No.
- (iii) Medium of instruction in the last school
9. Names and addresses of two references:

(Name	Address
(a).....

(b).....

10. LEGAL CONSENT STATEMENT MUST BE SIGNED

.....authorise Children's Academy to arrange for necessary
(Name Of Parent)
medical tests and treatment,including emergency surgery,for my child.....
(Name Of Child)
to the best professional judgement of the licensed Medical and Nursing Personnel Of Children's
Academy and/or the District Hospital, Dehra Dun. Note : The Registration Fee of Rs.300/- must
accompany this application form. It is neither adjustable nor refundable
Date : Signature of Parent/Guardian

DECLARATION

I agree to abide by the Rules & Regulations of the Children's Academy,Printed the Prospectus and to
pay the School Fees in advance. I wish my child/ward to be brought up in accordance with the existing
arrangements in School.

Date
Signature of Parent/Guardian

FOR OFFICIAL USE

Date of joiningClass to which admitted

Scholar No.House allotted

BURSAR

PRINCIPAL.....