Primrose
PLAY SCHOOL

Admission Register No.

Academic Session

Passport size photograph : 2 Copies
One to be pasted here &
one to be submitted
to the school office

Principal Sir / Madam,

I hereby apply for admission of my son/daughter/ward to your school. As parent/guardian, I submit hereunder the required detail and request for your kindly granting this admission.

Full Name of Student (IN BLOCK LETTERS) Master/Miss .....

Date of Birth (In Figures) .....

(In Words) .....

Proof of Date of Birth being submitted ☐ Transfer Certificate of Recog. / Affiliated School

☐ Certificate issued by Registrar of Births

He/She was studying at ..... School

in ..... class through the medium of .....

Class to which admission is sought .....

Residential Address .....

.....

Residential Telephone No(s) .....

E-mail .....

Father : Particulars

a) Name (In Block Letters) .....

b) Office address .....

c) Designation .....

d) Office Telephone No(s) .....

e) Mobile No. (to meet urgency) .....

Mother : Particulars

a) Name (In Block Letters) .....

b) Office address (if working) .....

c) Designation .....

d) Office Telephone No(s) .....

e) Mobile No. (to meet urgency) .....

Real brother / sister

Name	Age	Class & School
Master / Miss		
Master / Miss		

Transport Service ☐ To be availed ☐ Not to be availed

- *I hereby certify that the particulars given above are absolutely correct.*
- *I promise to abide by school rules as applicable from time to time.*
- *I shall see that my son/daughter/ward conforms to the standard required of him/her in conduct and studies.*

_____ Guardian's relation with student

_____ Parent's/Guardian's Name

_____ Parent's/Guardian's Signature

Principal

Basic Medical Facility At School

CONSENT FORM

Primrose Play School

Principal Sir / Madam,

I …….. father / mother / guardian of …… student of class …… section …… appreciate that the school under an arrangement with 'Health Plus' has an in-house basic medical facility available for the benefit of its students.

I hereby give my consent to the school and the doctor on duty to administer first aid / basic medicine(s) / treatment to my son / daughter / ward as and when required with an understanding that they will not be held responsible for anything.

I find it pertinent to report :

that he / she is not suffering from any medical problem / chronic disease.

Or

that he / she has been suffering from……
(medical problem)

for the past …… and deserves special attention as suggested in his / her regular doctor's detailed report being submitted herewith / to be submitted by …..……
(date)

that he / she is not allergic to any drug

Or

that he / she is allergic to……..……
(drug(s) to be named)

Thanking you and assuring that any change about the report given above will be intimated to the school without any delay.

……

Parent's / Guardian's Signature

Date …….

Address ……..

……..

MOBILE NUMBER(s) TO MEET URGENCY

Father …… Mother …… Guardian ……