



KIDVILLE INTERNATIONAL PLAY SCHOOL

Satbohni Jamalpur, Near Forest Dept. Office, Gamharia,
Seraikela Kharsawa, Jharkhand-832108
e-mail: info@kidvilleschool.com
Website: www.kidvilleschool.com
Contact No: 7595941848



The First Hustle of your child

APPLICATION FORM

Admission Date: _____

Admission No: _____

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission required for:

Note: Please use **capital letters only**.

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at Kidville International Play School.

A. INFORMATION OF THE CHILD

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of Birth	Date of Birth in words
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	<input type="text"/>
Blood Group	Religion	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhar No	<input type="text"/>	
Languages known	Mother Tongue	
<input type="text"/>	<input type="text"/>	

RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

Father's Mobile No.:
E-mail ID:

Mother's Mobile No.:
E-mail ID:

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

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

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

Name	Age	Name of the Institution	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In case of staff ward:

Name of the parent:

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 well-being:

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

C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate - original copy (if applicable)
- Study Certificate
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2 each)
- Aadhar card copy of parents & child

The above documents (recently attested photocopies) must be produced along with the filled application form.

Please note: Staple all documents to the top left-hand corner of the application

Transportation Form (if Required)

D. MISCELLANEOUS

How did you hear about the Kidville International Play School?

Name of news paper

Website

Others (please specify)/
hoardings/pamphlets/
word of mouth/ catalogue

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.

Date:

Signature of Parent / Guardian

For Kidville International Play School use

Admission Co-ordinator

Head of the School

Date _____

Date _____