



#### 4. COMMUNICATION ADDRESS

Please indicate address for routine communication from school

- Residential address  
 Mother's office address  
 Father's office address.

#### 5. EMERGENCY CONTACT

Please indicate who is to be contacted in case of emergency

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relation to the child \_\_\_\_\_ Relation to the child: \_\_\_\_\_  
Contact Number (s) \_\_\_\_\_ Contact Number (s): \_\_\_\_\_

#### 6. OTHERS DETAILS

a) Please fill the following if transferring from another school

Name of the School: \_\_\_\_\_  
Address of the School: \_\_\_\_\_  
Board Affiliation of Previous / Present School:-  
M.P. BOARD  C.B.S.E  I.C.S.E  I.B  Any other please specify \_\_\_\_\_

a. To enable us to know you & your child better, please answer the following questions:

- i. What are some of the strong points of your child's personality? \_\_\_\_\_
- ii. Do you live in a nuclear, joint or extended family situation?(Please specify) \_\_\_\_\_
- iii. What are the languages spoken at home? \_\_\_\_\_
- iv. What are your child's interest? \_\_\_\_\_
- v. How do you deal with disciplinary issues regarding your child? \_\_\_\_\_
- vi. Is the child adopted please tick  [ Y ]  [ N ]

#### 7. SIBLING DETAILS

a) Child's sibling details incase he or she is applying to The Mayoor School, Bhopal

Name: \_\_\_\_\_ Reg.No: \_\_\_\_\_ Class: \_\_\_\_\_  
Name: \_\_\_\_\_ Reg.No: \_\_\_\_\_ Class: \_\_\_\_\_

b) Details of Brother & Sister in chronological order:

Name: \_\_\_\_\_ Age : \_\_\_\_\_ M/F: \_\_\_\_\_ Class: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Age : \_\_\_\_\_ M/F: \_\_\_\_\_ Class: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Age : \_\_\_\_\_ M/F: \_\_\_\_\_ Class: \_\_\_\_\_ School: \_\_\_\_\_

## 8. SPECIAL NEEDS

Does your child have any special Physical , Medical, Emotional, Psychological or Language needs? [ Y ] [ N ]

If yes, please include details:

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## 9. PARENTAL INVOLVEMENT

How can you as parents partner with the school to make education more meaningful? Please tick the relevant areas.

MUSIC	[ ]	DRAMATICS	[ ]
DANCE	[ ]	MEDICAL	[ ]
FINE ARTS	[ ]	SPORTS	[ ]
SCIENCE	[ ]	SOCIAL SKILLS	[ ]
MATH	[ ]	MEDIA/ PUBLIC RELATIONS	[ ]
ANY OTHER		TRANSPORT SUPERVISION	[ ]

## 10. PLEASE NOTE

Please submit this completed Application for Admission to the School with the following enclosures:

- Photocopy of child's municipal birth certificate.
- Four recent coloured photographs.
- Last report-card (if applicable)
- Photocopy of proof of residence (MTNL OR Electricity or Water bill, Voter-ID Card , Passport).
- Both parents must accompany the child for the meeting with the school management
- Registration once completed for a particular year is not transferable to any other year. Or to any other child.
- All bus routes would be at the discretion of the school authorities.

## 11. DECLARATION

I certify that I have furnished correct information and also undertake to inform the School promptly, in writing, of any subsequent changes. I agree that my child and I will abide by the regulations of the School. I understand that standard terms and conditions of the School will undergo changes from time to time as circumstances require and will apply in all my dealings with the School. I agree to meet all financial responsibilities with respect to the admission of my child to the School.

Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

12.

**FOR OFFICE USE ONLY****Details of Registration Fee:**

Bank Draft/ Cash Receipt No.	Dated	Amount

**ADMISSION TEST REPORT:****ADMITTED TO CLASS:****REMARKS****OFFICE ORDER****ADMISSION GRANTED / NOT GRANTED :****DATE:****PRINCIPAL**

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