



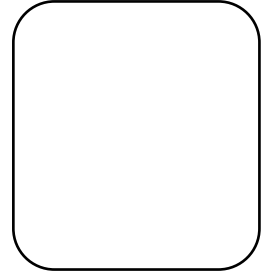
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APPLICATION FORM

Student's Photo



Admission for the 20.... To 20.... Academic year

STUDENT'S INFORMATION

Child's First Name: _____

Gender: Male Female

Date of Birth: _____ Age of Child: _____

Child's Primary Home Address:

Phone Number (Res): _____ (Off): _____

(Mob): _____

Nationality: _____

Child's Mother Tongue: _____

PARENT'S INFORMATION

Father Name: _____

Qualification: _____

Occupation: _____ Annual income: _____

Mother Name: _____

Qualification: _____

Occupation: _____

Siblings if any: _____

PHYSICAL DEVELOPMENT / HEALTH HISTORY

How is your child's General Health? _____

Specify illnesses your child has had: _____

Does your child have allergies? Yes No

Does your Child have ongoing health conditions or problems? Yes No

Please give any further information which you feel would help us better understand your child:

Describe your child's Eating Habits: _____

What is your child's usual; waking time? _____ A.M, sleeping time? _____ P.M.

Does your child currently nap at home? Yes No

CONDITIONS OF FSMS

1. Fees once paid would not be refunded if child leaves the school due to any circumstances during the academic year.
2. The Tuition fees shall be paid either Quarterly / Half yearly / Yearly basis.
3. If the Fee is not paid on the said date, your ward will not be permitted to attend the school.
4. School authorities would acknowledge child's birthday in class, however no cakes, treats or presents are allowed.
5. No child would be allowed to wear or bring any valuables including money.
6. No child would be allowed to carry Non - Vegetarian Meal (Even Egg Also)
7. It is Mandatory for parents to attend "Parent Teacher Meet".
8. Annual day celebration is shared by Parents and Management.

I read the application form and agree with the rules and regulations of the school. I hereby declare that the details furnished above are correct and true.

Place:

Parent / Guardian Signature

Date :

Note : The attested copies of the following documents to be submitted along with the form.
1. Birth Certificate

For Office Use

Admitted on _____

Place:

Date :

For First Step Montessori School