



PRODIGY INTERNATIONAL MONTESSORI SCHOOL

Wait While Observing

APPLICATION FORM

Admission Date: _____

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 at **PIMS**

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Gender

Date of Birth

Date of Birth in words

Male Female

DD MM YY

Blood Group

Religion

Caste

Nationality

Aadhar No

Community

SC/ST

OBC

GEN

OTHERS

Languages known

Mother Tongue

RESIDENTIAL ADDRESS

Father's Mobile No.:

Mother's Mobile No:

E-mail ID:

E-mail ID:

Distance from school (in kms):

Preferred Phone Number for WhatsApp:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 :		

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:

B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The previous school affiliated to:

MONT CBSE ICSE OTHER

C. OTHER FACILITES

School Transport

School Lunch

Day Care

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY :

Birth Details : Normal Caesarian Forceps

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 :

D. ENCLOSURES (ALL documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate – Original Copy (if applicable)
- Passport Size Photos of child (3 Copies)
- Passport Size Photos of parents (2 each)
- Aadhar card copy of child
- Copies of progress report card
- Community Certificate

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

E. MISCELLANEOUS

How did you hear about the PIMS? _____

DECLARATION

I, _____ have the authority to admit my child/ward _____ into the school as the parents/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 statement 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
