

ADMISSION FORM

APPLICATION NO:

NON – TRANSFERABLE

Registration No. _____

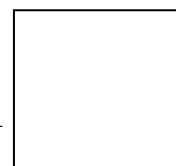
Date of Registration _____

(To be filled in by the office)

This form, complete in all respects, should be submitted along with a Registration, Prospectus & Form Fees. Forms which are incomplete will not be considered for Admission test (to be filled in with Black ball point pen only by Parents/Guardian).

(Note: Applicants downloading forms from the website of Mother's Genius need to pay Registration, Prospectus & Form Fees during the time of submission of the Form)

(PLEASE FILL IN BLOCK LETTERS)



1. Name of the student : _____

First Name

Middle Name

Last Name

2. a. Date of birth Date Month Year
 (dd/mm/yyyy)

b. Age as on 31st March.....: _____ Years _____ Months _____ Days _____

c. Sex. Male Female d. Blood Group

e. Mother Tongue: _____ Nationality _____ Religion _____

f. Caste: SC ST OBC General

g. Category: General Staff

h. Transport: Yes No

i. Single Parent: Yes No Legal Guardian: Father Mother
 (if single parent is selected)

3. Language(s) Spoken at home: Assamese English Hindi Others.....

4. Tick the class to which admission is sought Toddlers Pre Nursery Nursery LKG UKG Class I Others.....

5. Residential Address for Communication

House/Flat No. _____ Street/Byelane: _____

Area: _____ P.O.: _____ Dist: _____

Phone: _____ City: _____ State _____ Pin:

6. Family Particulars (FATHER)

a. Name: _____ b. Academic Qualification: _____
 c. Occupation: _____ d. Designation: _____ e. Office Phone No.: _____
 f. Work/Employer Details: (✓) Govt. Other (Please Specify) _____
 g. Father's Annual Income _____ h. Mobile No.: _____
 i. E-mail: _____ Specimen Signature of Father: _____

7. Family Particulars (MOTHER)

a. Name: _____ b. Academic Qualification: _____
 c. Occupation: _____ d. Designation: _____ e. Office Phone No.: _____
 f. Work/Employer Details: (✓) Govt. Other (Please Specify) _____
 g. Mother's Annual Income _____ h. Mobile No.: _____
 i. E-mail: _____ Specimen Signature of Mother: _____

8. Local Guardian (if applicable)

a. Name: _____ b. Academic Qualification: _____
 c. Occupation: _____ d. Designation: _____
 e. Office Address: _____ f. Office Phone No.: _____
 g. Mobile No.: _____ h. Specimen Signature: _____

9. Previous School Details

Previous Schooling : Yes No

If yes, Please specify: Name of Pre-School / School.....
 Address.....
 State.....Pin.....Country.....

Please attach photocopies of the following documents along with the photographs. Documents need to be self attested.

Birth Certificate Previous Class Report

10. Details of siblings (sister or brother)

i. Name _____ Class _____ School _____
 ii. Name _____ Class _____ School _____

11. In case of staff child, name of the parent working with Mother's Genius

12. Distance of school from the child's residence (in Kms.)

DECLARATION OF PARENT / GUARDIAN

I / We, (Father's Name) &
(Mother's Name), Parents of.....(Student's
 Name) have read the school's rules & regulations. In case of any discrepancy, the School Authorities reserves the right to cancel
 the Registration Form as well as the Admission Transfer Certificate to the child for any act of indiscipline.

In case of any mishap or unfortunate accident taking place inside the campus, the school Authority cannot be held responsible.

I have read and fully understood these conditions and declarations.

Name..... Signature of Father..... Date.....

Name..... Signature of Mother..... Date.....

ADMISSION INSTRUCTIONS

Filling up the entire form is mandatory. Incomplete form may not be considered. The following documents must be attached with
 this form.

- i) Photocopy of the candidate's Birth certificate issued by a competent Village/Municipal/Govt. Authority (affidavits
 or school certificate are not acceptable to certify DOB).
- ii) Photocopy of the Mark Sheet of the Annual Examination attended in the previous school.
- iii) Three recent passport size photographs of the student, one duly pasted in the application form and two to be
 provided with the Admission Form.
- iv) One passport size photo each of both the parents duly pasted in the application form.
- v) SC/ST/OBC / Others certificates (if any).
- vi) Undertaking duly signed by parents.

FOR OFFICE USE			
Documents submitted: Passport size photographs of: Students (3) <input type="checkbox"/>	Father (1) <input type="checkbox"/>	Mother (1) <input type="checkbox"/>	Guardian (1) <input type="checkbox"/>
Photocopy of Birth Certificate: <input type="checkbox"/>	Photocopy of Mark Sheet <input type="checkbox"/>	Health Report <input type="checkbox"/>	
Remarks (if any): _____			
Money Receipt No <input style="width: 200px;" type="text"/>	Date of Registration <input style="width: 200px;" type="text"/>		

SCHOOL AUTHORITY SIGNATURE

Date:

PARENT/GUARDIAN SIGNATURE

Date:

Health Report

(To be filled in by the family doctor and must be submitted in the school office after deposition of admission fee)

Name _____

Age _____ Sex _____ Class _____ Reg. No. _____

1. Weight (Kg): _____

2. Height (Cm): _____

3. Blood Group: _____

4. Power (in case of Spectacles): _____

5. Ophthalmic Problem(s): _____

6. Dental Problem(s): _____

7. Genito Urinary Problem(s): _____

8. Orthopaedic Problem(s): _____

9. Respiratory Problem(s): _____

10. Skin Problem(s): _____

11. Allergies & Drug Reactions: _____

12. Metabolism (Obesity): _____

13. Cardio Vascular Problem(s): _____

14. Epilepsy: _____

15. Attention Deficit Disorder: _____

16. Hyperactivity Disorder: _____

17. Any other CNS Problem(s): _____

18. ENT Problem(s): _____

19. Gastro Intestinal Problem(s): _____

20. Any Other Problem(s): _____