



MAHAJANA VIDYALAYA

STUDENT APPLICATION FORM

ADMISSION No. :



APPLICATION No:

STD. :

Child's Name :

Date of Birth

Day

Month

Year

Boy

Girl

Aadhaar No. : Aadhaar linked cell No. :

Home Address :

.....

City :

Postal Code :

Email Address :

Mother Name :

Occupation : Cell No. :

Father Name :

Occupation : Cell No. :

Names of other Children(Siblings) in your home:

_____ Grade: _____

_____ Grade: _____

EMERGENCY & HEALTH INFORMATION :

Emergency Contact - (alternative person to contact in case of emergency, if parents unavailable)

Name Relationship to child :.....

Phone Number Cell Number

Child's Personal Health #:

Family Doctor:

Doctor's Phone #:

Please list any medical concerns that the school needs to be aware of, including allergies, medications, psychological and/or physical special needs, learning disabilities, etc.:

Child Pickup Details :

To ensure the safety of your child, please provide the details of the person(s) authorized to pick up your child from school after dismissal.

- i) Name of the person authorized for pickup : _____
- ii) Relationship to the child : _____

IMPORTANT:

- If there is any change in the pickup arrangements, please notify the school in writing in advance.
- The school will not release the child to anyone not listed above without prior approval.

DATE :

Parent / Guardian Signature

PLACE: