



Radhika Pre-School

"Radhika", 1540, Jagamara East, Bhubaneswar – 751030

ADMISSION FORM

Full Name of Child _____

Name Used at Home: _____

Date of Birth: _____

Current Age: _____ years _____ months

Gender _____ (M) _____ (F)

Class Seeking Admission to _____

**Little Angel's
Photo**

Father's Name: _____

Occupation: _____

Designation: _____

Office Address: _____

Contact No. _____

Email Id: _____

**Papa's
Photo**

Mother's Name _____

Occupation: _____

Designation _____

Office Address _____

Contact No. _____

Email Id: _____

**Mama's
Photo**

Child's Siblings (if any): _____ **Age** _____

School Studying in _____

Present Address _____

_____ (Road) _____ (Area)

_____ City. _____ State _____ (Pincode)

Permanent Address _____

_____ (Road) _____ (Area)

_____ City. _____ State _____ (Pincode)



Radhika Pre-School
Bhubaneswar

Medical History

Blood Group _____ **Height** _____ **Weight** _____ **Kgs**

Consulting Paediatrician _____ **Contact No.** _____

Last Immunization Date _____ **(Attach Copy of Record)**

Any Specific Medical Condition _____

Medication being Taken _____

Allergies _____

Medication to be avoided _____

About the Little Angel

Loves to _____

Dislikes _____

Food Habits _____

Toilet Training _____

Documents Attached

<i>Child's</i>		<i>Parents'</i>	
<i>Birth certificate</i>		<i>Identity Proof</i>	
<i>Immunization Record</i>		<i>Residence Proof</i>	
<i>Adhaar Card</i>		<i>Photos</i>	
<i>Previous Report Card</i>		<i>Any other Documents</i>	
<i>Child's Photos</i>			

To The Principal

I am seeking admission for my daughter/son _____ **,in your School for class** _____. **I agree to abide by all rules and regulation of the school including timely payment of fees and other charges. I have understood that the school reserves the right to admit my child. Further I shall not hold the school responsible for nay unavoidable mishap or accident.**

I hereby declare that all information and documents provided by me are authentic and true. I have not withheld any necessary information.

Date:

Place:

Name/ Sign of Parent



Radhika Pre-School
Bhubaneswar

School Transportation Requisition Form

To The Principal,

I would like to avail the School Transport Facility for Pickup / Drop/ Both for my Child
_____ from _____ (date & month). I undertake to pay
the necessary charges for the school transport in advance. My address
is _____ Landmark _____.

I shall be present at the van stoppage 5 minutes before the designated time for dropping
and picking up my child. I understand that there may be delay some time due to
unavoidable circumstances.

Approximate distance from School _____

**_____
Name/Sign of the Parent.**

For Office Use

Date of Admission		
Admission No		
Class Admitted to		
Documents Provided	Birth Certificate Residence Proof Identity Proof	
Fees Payment	Amount	R.No
Admission fees		
Annual Maintenance		
Development Fees		
Tuition fees		
Van Fees		
Books		
Items issued	Date of Issue	Remarks
Fee book		
Uniform		
Id Card		

Principal's Signature _____



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Bhubaneswar

Identity Card Form

Name of the Child _____
Admission No. _____ **Date of Admission** _____
Class _____ **Date of Birth** _____
Blood Group _____
Guardian's Name _____
Emergency Contact No. _____

