



IMMACULATE INTERNATIONAL SCHOOL

VEERAPANDI PIRIVU, PRESS COLONY (POST), COIMBATORE - 641 019.

Website: www.immamatriccbse.org Ph : 0422-2692421 / 2692422 Email: immaculatecbse@gmail.com

ADMISSION FORM															Affix Passport Size Photo Here		
Application No.					Second Language :												
Admission Required for					2	0		-	2	0		Std					
PERSONAL DETAILS																	
Name of the Student																	
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>		Date of Birth					D	D	M	M	Y	Y	Y	Y
Nationality					Native Place												
Religion :					Mother Tongue												
Caste	OC <input type="checkbox"/>		BC <input type="checkbox"/>		MBC <input type="checkbox"/>		SC <input type="checkbox"/>		ST <input type="checkbox"/>								
Residential Address																	
Phone Number																	
Aadhaar No :																	
PARENTS DETAILS																	
Father's Name & Qualification																	
Occupation					Organisation												
Mobile No					Email ID												
Mother's Name & Qualification																	
Occupation					Organisation												
Mobile No					Email ID												
PREVIOUS EDUCATION																	
Name & Address of the previous school																	
Standard Last Studied					Whether Qualified for Promotion? Yes / No												
Transfer Certificate Number & Date										EMIS							
FAMILY DETAILS																	
Information about siblings		Name			Age			Class			School						
1.																	
2.																	
3.																	
Information about Contact Person :																	
Name of the person who will pick up the child																	
Mobile No.					Relationship												
HEALTH DETAILS																	
Height		Weight		Blood Group			Whether Vaccinated : Yes / No										
Identification Mark																	
Regular Doctor's name (if any)																	
Address																	
Mobile No.																	

Is your child under any regular medication ?	Yes / No	Guardian's Name & Address
Is your child allergic to any medicine ?	Yes / No	
Is your child allergic to any food ?	Yes / No	
Has your child undergone any past surgeries ?	Yes / No	
Is your child toilet trained ?	Yes / No	
Any other special medical attention required ?		

RULES

1. If after admission, the student is found to be medically unfit in any way, at any time, which might according to the opinion of the appropriate medical authorities render him / her unfit for pursuing his / her studies the student will be removed from school.
2. The student can be removed in the Principal's opinion if the student has failed to accept the discipline of the school and his / her continued presence is detrimental to the interest of other students.
3. Charges on account of medical treatment for injuries sustained by the student while taking part in sports, extracurricular or any other activities within or outside the school premises should be borne by the parent.
4. The students is forbidden to write or scribble on the walls of the classrooms & furniture in the school premises. Penalty for the damage to building & furniture must be paid as decided by the Principal.
5. Student must be punctual wearing the prescribed uniforms on all working days. Improper uniform will lead to penalty & punishment.
6. The school is not responsible of his / her belongings. Expensive jewels or ornaments, cell phones and electronic devices are totally banned & the Management does not take any responsibility for the loss.
7. The student must bring his / her hand book, books & signed records as instructed.
8. Attendance for promotion is compulsory. No re-examintaion will be conducted for absentees.
9. Chewing gum and drugs are not allowed within the school premises.
10. Fee has to be paid with the fee card. Fee once paid will not be refunded or adjusted.
11. Students must stay at home, until they recover from illness. Producing leave letter & medical certificate to the class teacher are mandatory at the time of joining.
12. Parents or Guardians who had been registered In the school office will only be allowed to pick their children from school.

DECLARATION

We / I hereby declare that the particulars given are correct and agree to co-operate with the school management in all areas of concern for my child. I also allow you to render basic appropriate treatments to my child at the time of incidental accidents.

Date	D	D	M	M	Y	Y	Y	Y
Place								

Signature of the Parent / Guardian

Office Use Only

Date of Admission	D	D	M	M	Y	Y	Y	Y
Admission Number								
Fee Receipt Number								
Admission in								Std

Signature of the Staff Incharge

Signature of the Principal