



JYOTIRMAY
INTERNATIONAL SCHOOL
॥आत्मदीपोभव॥

Solacia, Opp. Wageshwar Temple, Behind Moze Engineering
College, BAIF Road, Wagholi, Pune – 412 207. Tel. : 65100784

Application for Admission to Pre-Primary

(To be filled by parent / guardian of child)

Form No. :

Rs. 1000/-

Please affix a
recent passport
size photograph

Master / Miss: _____ Last Name: _____

First Name: _____ Middle Name: _____

Mothers Name: _____

Date of Birth:

Seeking Admission For: _____ Admission For: 20 - 20

Current Residential Address: _____

City: _____ Pin: _____ Phone: _____

Sex: Male / Female Nationality: _____ Caste: _____

Languages spoken at home: _____

Name of previous school / present school: _____

Address of school: _____

Family Information:

Mother's Name: _____ Occupation: _____

Qualification: _____ Designation: _____

Name of Organization / Employer: _____

Address (Business/ Office): _____

Contact Details:

Telephone (R): _____ Telephone (O): _____

Mobile No: _____ Email Id: _____

Father's Name: _____ Occupation: _____

Qualification: _____ Designation: _____

Name of Organization / Employer: _____

Address (Business/ Office): _____

Contact Details:

Telephone (R): _____ Telephone (O): _____

Mobile No: _____ Email Id: _____

Name of Guardian _____ Relation to _____
(If Applicable): _____ Child:

Occupation: _____ Qualification: _____

Designation: _____

Name of Organization / Employer: _____

Address (Business/ Office): _____

Contact Details:

Telephone (R): _____ Telephone (O): _____

Mobile No: _____ Email Id: _____

Mode of Communication:

Please indicate: The mode of communication

E-Mail: Mother / Father / Guardian

Telephone: Mother / Father / Guardian

Post: Mother / Father / Guardian

Any special learning needs (Please state in detail. This information will help us in assisting your child; use a separate sheet of paper)

Terms and conditions: Fees once paid are not refundable nor transferable under any circumstances

DECLARATIONS

I agree to my child's photograph appearing in Jyotirmay International School brochures or publications.

The undersigned certifies that the following are acceptable to him / her :

1. The fees once paid are not refundable or transferable.
2. The decision of the management in respect of all the School admin related matter shall be final
3. The management reserves the right to change the fees and curriculum.
4. Management has the right to retain the work books / activity books / any material used by the students in class.
5. Withdrawals: Normally we do not expect children to be withdrawn during the academic session, June to April. However, should it be necessary to withdraw a child, Parents are expected to give suitable notice. Full fees for the academic year will however be payable.

The undersigned certifies that each part of the application and the information herein has been carefully read, is true and correct. I undertake to abide by the terms and conditions.

Signed: _____ Date: _____

Name: _____

For Office Use Only

Date of submission of application: _____

Admission for: _____

Form processed by: _____

Receipt No: _____

Admitted: _____

Signed By:

Additional information from the Parents:

Hobbies

Mother: _____

Father: _____

As student were you associated with any NGO/Social Organization. If Yes/ No

Name: _____

In what Capacity: _____

As student: Were you in Sports / Music / Drama /Other Activity

Recently Read Books:

Recently Watched Movies:

What is your favourite Past Time Activity:

Your Expectations from the School

Any other Information that you would like to give:

Sibling Information

Number: _____ Name: _____ Gender: _____ Age: _____

Note: Any special learning needs (Please state in detail. This information will help us in Assisting your child; use a separate sheet of paper)

STUDENT NAME: _____ GRADE: _____

Any Allergy that your child suffers from:

Any Strong Likes and Dislikes that your child has:

Anything that you would like the school to know about your child:

WHOM TO CONTACT IN AN EMERGENCY

Telephone: _____ Mobile: _____

Relation with the child: _____

Family Doctor's Name: _____

Tel. No / Cell No: _____