

AVS GLOBAL SCHOOL

Ghante Kanive, NH 206, MC Halli Post Tarikere, Chickmaglur District- 577 228. E-mail: avsglobalschool201@gmail.com Website: www.avsglobalschool.com

Ph:+91 93427 26294, 95915 55548

APPLICATION FOR ADMISSION

Application No.	Application	on Date.		Affix recent
We,wish to admit our daughter/son/ward whose particulars are given below as a day scholar at AVS Global School. Note: Please use capital letters only.				Photo of Student
A.INFORMATION OF THE STU	DENT			
First Name	Middle Nam	e	Last Name	
Gender Date o	f Birth	Date of Birth in wo	rds	
☐ Female ☐ Male ☐ DD	MM YY			
Place of Birth				
Village Tov	vn	Taluk	Dist	rict
Blood Group Religion		Caste	Nationa	ality
Aadhar No Community SC/ST	DBC 🗆	GEN 🗆	OTHERS	
Mother Tongue	Any other langua	ages known		
RESIDENTIAL ADDRESS		CORRESPONDENCE	ADDRESS	

Emergency Contact No. (Res/Mobile) Name of the person to be contacted Relationship B.FAMILY INFORMATION Father/Guardian: Name: Educational Qualification: Occupation: Designation: Annual Income: Aadhar No: Name: Educational Qualification: Office Address: Mother/Guardian: Name: Educational Qualification: Occupation: Occupation: Office Address: Designation: Annual Income: Addar No: Institution: Office Address: Designation: Institution: Office Address: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student Name Age Name of the Institution Grade	Distance from School (in kms) Preferred Phone Number for school SMS				
Father/Guardian: Name:	Emergency Contact No. (Res/Mobile)	Name of the person to be contacted Relationship		Relationship	
Name: Age: Nationality: Educational Qualification: Institution: Occupation: Office Address: Designation: Tel: Annual Income: Tel: Aadhar No: Mother/Guardian: Age: Nationality: Educational Qualification: Institution: Occupation: Office Address: Designation: Office Address: Designation: Tel: Aadhar No: Single Parent: Tick one, only if applicable Tel: Address: Designation: Designation: Tel: Address: Designation: Tel: Address: Designation: Tel: Address: Designation: Tel: Address: Designation: Tel: Add	B.FAMILY INFORMATION				
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Educational Qualification: Occupation: Office Address: Designation: Annual Income: Aadhar No: Mother/Guardian: Name: Educational Qualification: Occupation: Occupation: Office Address: Designation: Annual Income: Annual Income: Annual Income: Annual Income: Annual Income: Annual Income: Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Name:		Age:	Nationalit	y:
Designation: Annual Income: Aadhar No: Mother/Guardian: Name: Educational Qualification: Occupation: Designation: Annual Income: Annual Income: Annual Income: Tel: Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Educational Qualification:		Institution:		
Annual Income: Aadhar No: Mother/Guardian: Name: Age: Nationality: Educational Qualification: Occupation: Occupation: Designation: Annual Income: Annual Income: Annual Income: Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Occupation:		Office Address	5:	
Aadhar No: Mother/Guardian: Name: Age: Nationality: Educational Qualification: Institution: Occupation: Office Address: Designation: Annual Income: Tel: Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Designation:		1		
Mother/Guardian: Name: Age: Nationality: Educational Qualification: Institution: Occupation: Office Address: Designation: Annual Income: Tel: Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student			Tel:		
Name: Educational Qualification: Occupation: Designation: Annual Income: Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Aadhar No :				
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Designation: Annual Income: Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Educational Qualification:		Institution:		
Annual Income: Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Occupation:		Office Address	s:	
Aadhar No: Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Designation:				
Single Parent: Tick one, only if applicable Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student					
Mother Father If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student	Aadhar No:				
If child is sponsored (Name of sponsoring agency) Permanent Address: Details of Sibling/s of the student					
Permanent Address: Details of Sibling/s of the student	Motilei Fatilei				
Permanent Address: Details of Sibling/s of the student	If child is sponsored (Name of sponsoring	g agency)			
Details of Sibling/s of the student					
	Termanene Address.				
Name Age Name of the Institution Grade	Details of Sibling/s of the student				
Age Hame of the institution Grade	Name Age Name of the Institution Grade				
In case of staffward, Name and Designation of parent					

C.DETAILS OF PREVIOUS STUDY

Year	School	Grade/Standard	Date of leaving with reason
The previou	ıs school affiliated to: \square State \square	□ CBSE □ ICSE	☐ OTHER
Awards wor	so far in sports, arts or academics		
D. MEDICAL	. HISTORY OF THE STUDENT		
BIRTH HIST	ORY:		
Birth Detail	s: Normal Caesarian Forceps		
Birth Cry: I	nmediate Delayed		
	rom hospital: are given in the hospital:	(Number of No	days)
•	Extended hospital stay	110	
Explain:			
•••••			
HEARING:			
•	t observed : $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	No	
-	-		
If Yes, Expl	ain:		
•••••		••••••	•••••••••••••••••••••••••••••••••••••••
VISION:			
-	ation with doctor done: Yes tacles/Corrective lenses: Yes	No No	
ose of spee	reduces, corrective tenses.	110	
	ESTONES (Approx Months):		
Standing:			
Walking:			
Speech:			

Any medication taken for any medical condition condition:	ons, Such as attention deficit/ t	hyroid (hypo/hyper)/any other
Any Medication taken for general well being :		
Any Allergy / any medical information that sci	hool should be aware of :	
E. ENCLOSURES (All documents are mandator Birth Certificate Transfer certificate-original copy (if ap Study certificate Vaccination Card Copy Blood Group Report Passport size photos of child (5 copies) Passport size photos of parents (2 each Aadhar card copy of parents & child Copies of progress report cards for the Community Certificate: for Scheduled	oplicable) (a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ckward Communities
The above documents (recently attested photoform. Transportation Form (if Required) Please note: Staple all documents to the top l		
F.MISCELLANEOUS How did you hear about the AVS Global School	12	
Name of news paper Website	Name of the Magazine	Others (please specify)/ hoardings/flyers/ word of mouth/ catalogue
DECLARATION		
I,have the auth the school as the parent/ legal guardian. I und support the information provided here, if nece in this application are correct to my knowledg Institution's head. I agree to abide by the rule	dertake the responsibility of pro essary for any reason. I declare ge and if found otherwise, I shal	viding any evidence needed to that the statements provided I abide by the decision of the
Date	Sig	nature of Parents/ Guardian

Date of Admission	FOR AVS GLOBAL SCHOOL OFFICE USE ONLY	Admission No
Standard into which admitted		Fee Receipt No.
Date		
Admission Co-ordinator		Principal