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Contact person 2 Tel No Relationship to child



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MEDICAL INFORMATION OF CHILD:

Please inform:

- If the child has any medical or other history which Montessori setting should know
- Any special care needs
- Is the child allergic towards any : Food : Drugs :
- Vegetarian Non- Vegetarian
- Blood Group

EMERGENCY CONTACT DETAILS:

Persons to contact if guardian is not reachable:

Contact Person 1 : Tel No : Relationship to child :

Contact Person 2 : Tel No : Relationship to child :

In the event of a medical emergency, do you give permission for a suitably qualified member of staff to administer first aid and/or take your child to the doctor/hospital?

Yes/No Signature:

IMMUNISATION INFORMATION OF THE CHILD:

Has your child been immunized against:

YES/NO Diphtheria Measles Whooping Cough Mumps Tetanus Rubella Hib Hepatitis A Meningitis C Hepatitis B

Polio Pneumococcal Chickenpox Typhoid

ABOUT YOUR CHILD:

A few lines about your child with regard to his/her nature :

Choice of Board in High School

Indian System	International System
CBSE	IB
ICSE	IGSCE



TRANSPORT / CHILD ATTENDANT DETAILS:
1. Do you require a pick up and drop facility? YES / NO
2. Address of pick up : Address of Drop :
3. Details of authorized person to whom child will be handed over to :
At School : Name Phone Number At pick up and drop points : Name Phone Number
1 passport size photograph to be attached with this form
4. Transportation Fees will be paid :
Quarterly Jan - Mar Apr - Jun Jul - Sept Oct - Dec
Half Yearly Annually <u>Jan - Jun July - Dec</u>
<u>Jan – Dec</u>

I have read and understood all the details mentioned above about ACCEL School and hereby agree to them.

Yes/	No		



Docs for Registration

- 1. Original Birth Certificate by Municipal Corporation or any other equivalent authority
- 2. Colour passport size and stamp size photographs of the child 2 nos. each
- 3. Immunization Records issued by RMO
- 4. Residential address proof & photo id of parent.
 - Passport/Driving License/ Electoral Card/PAN Card or any other document of address proof.
- 5. Pick up and drop address for school transport with photograph of the care taker to whom child will be handed over.