

ACCEL Formal + Aspiration School

APPLICATION FORM Invoice No: Receipt No:

(PLEASE LEAVE BLANK SPACE BETWEEN WORDS)

Gender (M/F) : M F

Date of Birth :

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(In order of priority please provide details of)

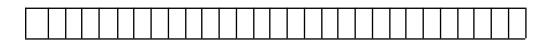
Contact Person 1:

Tel No :



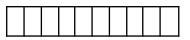
Relationship to child :

E- Mail Id :



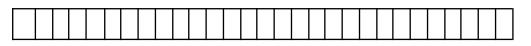
Contact Person 2:

Tel No :



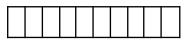
Relationship to child :

E- Mail Id :



Contact Person 3:

Tel No :

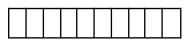


Relationship to child :

E- Mail Id :



Mother Tongue :



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MEDICAL INFORMATION OF CHILD:	IMMUNISATION INFORMATION OF THE CHILD:
 Please inform : If the child has any medical or other history which Montessori setting should know 	Has your child been immunized against : YES/NO Diphtheria Measles Whooping Cough Mumps
• Any special care needs	Tetanus Rubella Hib Hepatitis A Meningitis C Hepatitis B Polio Pneumococcal Chickenpox Typhoid
 Is the child allergic towards any : Food : Drugs : 	
 Vegetarian Non- Vegetarian 	ABOUT YOUR CHILD:
Blood Group	A few lines about your child with regard to his/her nature :
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:	

Choice of Board in High School	
Indian System	International System
CBSE	IB
ICSE	IGCSE

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>
Jan – Dec

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 caretaker to whom the child will be handed over.