

E-mail ID of Parent: _____

School Transport Required: Yes ☐ No ☐ Place of pick up / drop _____

Details of Siblings (if any):

1) Name _____ Class / Sec _____ School _____

2) Name _____ Class / Sec _____ School _____

Name of Previous School: _____

Result in Annual Examination: _____ (Photocopy must be attached)

Transfer Certificate Record Sheet No.: _____ (Photocopy must be attached)

Enclose: (i) A copy of Birth Certificate.

(ii) A copy of Aadhar Card of Student, Father, Mother

(iii) Latest Passport size Photos (3)

(iv) Previous Academic Report

(v) Transfer Certificate

Special health / medical requirements (if any): _____

Name/Address/Telephone number of your Doctor: _____

Special achievements (if any) at District / State / National / International Level: _____

Does the student have any physical, sensory, learning, or developmental needs that we should be aware of to provide appropriate support? If YES, please specify: _____

It would help us greatly if you could tell us how you heard about our school.

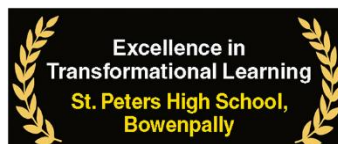
Advertisements ☐ Referral by Friends ☐ / Relatives ☐

Other sources (kindly Specify) _____

Name of Parent

Signature of the parent

Thank you very much for your time!



**Conserve My
Planet Green
Champions**