



Shantiniketan

International School

ADMISSION FORM

PERSONAL DATA
PLEASE COMPLETE IN BLOCK CAPITALS

Photo

NAME	
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
ADMISSION TO GRADE/STANDARD	
DATE OF BIRTH	
NATIONALITY	RELIGION
MOTHER TONGUE	BLOOD GROUP
PERMANENT ADDRESS	
POSTAL ADDRESS IF DIFFERENT FROM PERMANENT ADDRESS	
AADHAR CARD NO	

PARENT/GUARDIAN INFO
(PLEASE MARK ONE OF THE OPTIONS)

FATHER MOTHER GUARDIAN

FULL NAME
AGE
OCCUPATION
COMPANY/ORGANIZATION
MOBILE NO
EMAIL ID
AADHAR CARD NO
ADDRESS

Shantiniketan International School

EDUCATION DETAILS

NAME OF THE SCHOOL

COMPLETED YEARS

YEARS ATTENDED

REASON FOR WITHDRAWAL FROM PRESENT SCHOOL

LONG TERM GOALS CONSIDERED FOR YOUR CHILD

CAREERS CONSIDERED

INTEREST AND HOBBIES

HAS THE CHILD EVER BEEN EXPELLED/RUSTICATED/NOT PROMOTED TO NEXT CLASS BY ANY SCHOOL? YES NO

IF YES PLEASE GIVE DETAILS

IS THERE ANY MEDICAL INFORMATION RELATED TO THE STUDENT, THAT YOU WOULD LIKE THE SCHOOL TO BE AWARE OF?

DO YOU WANT TO REQUEST TRANSPORTATION SERVICES FOR THE STUDENT? YES NO

IS THERE AN AREA THAT THE STUDENT IS ESPECIALLY INTERESTED IN, LIKE MUSIC, SCIENCE, PAINTING, SPORTS, ETC.?

PREFERRED SECOND LANGUAGE

HINDI TELUGU FRENCH OTHER

IF YOU WOULD LIKE TO ADD ANY EXTRA INFORMATION ABOUT YOUR CHILD PLEASE DO SO BELOW

DATE

SIGNATURE

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