



AKASH INTERNATIONAL SCHOOL

Application Form



Please affix
a recent
passport size
colour photograph
of student

Size 35mm x 45mm

Application Form

(TO BE FILLED IN BLOCK LETTERS USING BLACK OR BLUE INK)

STUDENT'S DETAILS

Admission Sought to Class

(Entry age for Class I is 5 Yrs 8 Months, add one year for each class thereafter)

☐ Male ☐ Female

First Name

Surname

Date of Birth

Place of Birth

Mother Tongue

Languages Spoken at Home

Nationality

Religion

Parent's E-mail

Passport No. (for Foreign Students only)

Expiry Date

VISA Details

Expiry Date

Category (Not for Foreign Students)

☐ SC

☐ ST

☐ OBC

☐ GM

a) If NRI living Abroad

☐ Yes

☐ No

b) If NRI having Foreign Nationality

☐ Yes

☐ No

Sibling(s) Studying in the School

☐ Yes

☐ No

Dietary Preference

☐ Veg

☐ Non-Veg

Medical Information: Blood Group

Allergies

Chronic Ailment

Physical Disability

Any other health problem

FOR OFFICE USE ONLY

Class

Sec.

Admission No.

Academic Year

Transport / Bus / Route No.

Pickup / Drop Point

Date of Joining

Receipt No.

Entrance Test

☐

Appeared

☐

Not Selected

Date

Interview

☐

Selected

☐

Not Appeared

(Issue of Admission form does not ensure admission)

PARENTS' DETAILS

Father

Mother

First Name		
Surname		
Educational Qualifications		
Address for Correspondence		
City & Pin Code		
Country		
Residential Tel		
Office Tel		
Office Fax		
Mobile		
E-mail		
Occupation		
Company		
Permanent Address		
Alternative Contact No.*		

*(An emergency number to be used if parents are unreachable. This could be the mobile phone of an uncle, neighbour, etc., not the parents' numbers.)

Please affix a recent passport size colour photograph of Father	Please affix a recent passport size colour photograph of Mother	Please affix a recent passport size colour photograph of Local Guardian	Please affix a recent passport size colour photograph of Local Guardian
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TESTIMONY FOR CORRESPONDENCE

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Tel/Mob	Fax	E-mail
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In case of Emergency, Contact Person	Ph:
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This is to certify that the above person whose photograph is affixed to this document and attested by the Parent and Principal/Warden is the bonafide Guardian of _____ of Class _____ Sec. _____ studying in Akash International Residential School, Devanahalli, Bangalore. He/she is permitted to meet the student/allowed to take the hostellier home on weekends/holidays.

Signature of Father/Mother/Guardian	Administrator	Principal
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OTHER CHILDREN IN THE FAMILY

Name	Age	Sex	School / College

NAME & ADDRESSES OF TWO REFERENCES

Name	Addresses
1.	
2.	

DETAILS OF LAST SCHOOL ATTENDED (Not applicable for Nursery)

Name and Address

Tel., Fax, Email

Medium of Instruction ☐ English ☐ Kannada ☐ Others

Last Examination Passed Year

Reason for Leaving

TC Details No. Date

SPORTS / CO-CURRICULAR ACTIVITIES

Sports	<input type="checkbox"/> Cricket	<input type="checkbox"/> Soccer	<input type="checkbox"/> Badminton	<input type="checkbox"/> Athletics
	<input type="checkbox"/> Basket Ball	<input type="checkbox"/> Lawn Tennis	<input type="checkbox"/> Netball	<input type="checkbox"/> Swimming
	<input type="checkbox"/> Horse Riding	<input type="checkbox"/> Hockey	<input type="checkbox"/> Skating	<input type="checkbox"/> Indoor Games
Others				

Good At	Sport/Game	Level (School/District/State/National etc.)

Special Coaching Required in

Extra Curricular Activities

Hobbies

Other Activities

Proficiency in (Declamation / Debate / Dramatics / Music & Dance, Quiz Programmes.)	Activity	Achievements (if Any)

ANY OTHER INFORMATION

COPIES OF DOCUMENTS TO BE ATTACHED :

- Original Transfer Certificate and Marks Card and CCE Card from the previous school attended with a self attested photocopy.
- One self attested photocopy of Birth Certificate issued by municipal corporation.
- One self attested photocopy of Passport with originals (Foreign National / NRI living abroad).
- 8 Indian passport size colour photographs (size 35mm x 45mm).
- Medical Certificate attached to form.
- Migration Certificate in original for students who have migrated from any other board other than the syllabus opted for in AIS.

UNDERTAKING

To,
The Principal
Akash International School
Prasannahalli Road, Devanahalli Town,
Bangalore - 562 110. Karnataka, India.

I, Mr/Mrs. parent/guardian of
Master/Miss studying in class of
Akash International School take full responsibility for his/her conduct and behaviour and do hereby declare that he/she will
follow all the rules and regulations of the school.

I also declare that any damage or loss caused by my ward with respect to the School property will be borne by me.

I further submit that the facts stated in the application form and medical certificate of my ward are true and correct to the best of
my knowledge.

Dated the day of 201.....

Signature of the Witness	Signature of the Parent/Guardian
Address	Address

Telephone No. Telephone No.

MEDICAL CERTIFICATE

Student's Name

Admission No.

Gender ☐ Male ☐ Female

Age as on

Father's Name

Mother's Name

Height Cms. Weight Kgs.

Identification Mark Blood Group

Learning Disability ☐ Yes ☐ No

If Yes, specify (Attach Assessment Report)

Does the Applicant have any permanent physical problem(s) / Ailment(s)? If so, specify.

.....
.....

Please affix
a recent
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Size 35mm x 45mm

Medicines to be given, if any.

Special care to be taken, if any.

Allergies, if any to Drugs

☐

Food

☐

Chemicals

☐

Others

Any Special Remarks about the applicant that the doctor feels should be stated

Any Special Remarks about the applicant that the doctor feels should be stated

Undergone any surgery ?

☐

Yes

☐

No

If any, Specify.

Any post operative care required? Please mention

Has the Child been

A] Immunized for

a) Poliomyelitis (Polio Vaccine)

☐

Yes

☐

No

c) Measles/Mumps/Rubella (M.M.R.)

☐

Yes

☐

No

e) Rabies (Anti-Rabies Vaccine)

☐

Yes

☐

No

g) f) Hepatitis A

☐

Yes

☐

No

b) Diphtheria/Pertussis/Tetanus

☐

Yes

☐

No

(Tripple/Antigen)

d) Tuberculosis (B.C.G.)

☐

Yes

☐

No

f) Hepatitis B

☐

Yes

☐

No

B] Tested for HIV

☐

Yes

☐

No

Any other vaccination (Please Mention)

Whether the student has a history of

a) Congenital abnormality

☐

Yes

☐

No

c) Bronchial Asthma

☐

Yes

☐

No

e) Diabetes

☐

Yes

☐

No

g) HIV

☐

Yes

☐

No

l) Any other disease

☐

Yes

☐

No

b) Rheumatic heart disease

☐

Yes

☐

No

d) Epilepsy

☐

Yes

☐

No

f) Hypertension

☐

Yes

☐

No

h) Tuberculosis

☐

Yes

☐

No

I, Dr.

, have examined Master/

Miss.

thoroughly and state that he/she is medically fit to join school.

Registration Number

Address and Contact No.

Date

Place

Signature of the Doctor
(With Seal)

DECLARATION BY THE PARENT/GUARDIAN

In case of Medical Emergency which may require surgical procedure, anesthesia, invasive investigations, administration of drugs where the written permission is obligatory, I hereby authorize the school authorities to give it on my behalf. Medical treatment may be availed from any competent Medical authority or institution.

Date

Place

(Signature of Parent/Guardian)

Name

Relationship with the Pupil

Address

Telephone No.

Email



AKASH INTERNATIONAL SCHOOL

(A Unit of Akash Education Trust)

Prasannahalli Road, Devanahalli Town, Near Bangalore International Airport
Bangalore - 562 110. Karnataka, India. Phone : +91-080-27681349, Telefax : +91-080-27680100
Mobile : +919379844449, E-mail : akasheducationtrust@gmail.com

www.akashinternationalschool.com