



No. 70, Chikkanayakanahalli, Off Doddakaneli, Sarjapura Road, Bangalore- 560 035
Email: admissions@prakriyaschool.edu.in, Ph.: 6364013999 and 9513088861/62

Application form (Academic year _____)

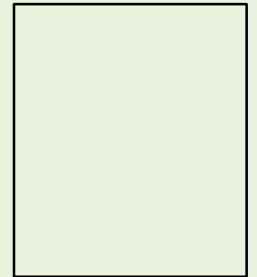
Kindly note, we follow the ICSE curriculum.

This form should be filled in and returned to the school office within 10 days from the date of purchase of the same.

- a) Incomplete forms including those without a photograph and latest school report will not be considered.
- b) Submission of this form does not guarantee an interview call or admission. The School Management Committee reserves the right to grant admission.
- c) Your child should have completed 3 years 6 months as of 1st June for admission to Prep 1.
- d) Kindly fill in the reference number for payment made for purchase of application form.....
- e) Admissions will be on a first come first serve basis.

A. Student Information:

1. Name (in full, in capital letters) _____
2. Date of Birth _____ 3. Gender _____ M/F
4. Place of Birth _____
5. Nationality _____ Aadhaar No : _____
6. Religion (required by Govt.) _____
7. Languages commonly spoken at home _____
8. Mother Tongue _____
9. Language required as medium of instruction for our child _____
10. a) Admission sought into class _____
b) Age at the time of proposed entry (June 1st) _____ years _____ months
11. Have you applied earlier for this child's admission to this school? Yes / No
If yes,
a) Year sought admission _____
b) Did you get admission? Yes / No
12. Particulars of previous schooling/daycare
(Please attach a copy of the latest available school report and mark sheet)



Name of the School	Place	Date of Joining	Date of Leaving	Standard

13. Brothers and sisters of the applicant

Name	Age	Gender	Name of the School / College

14. If a sibling is also applying for admission into this school, please mention the child's name and class to which admission is sought.

15. Name of any relatives, if any, who are studying or have studied in Prakriya, with dates (please state their relationship to you).

16. Student Medical Details and Health Condition: (recent medical/doctor reports and recommendations to be attached)

Blood Group:			
<u>Immunization status</u>			
BCG	:	Measles	:
OPV	:	MMR	:
DTP	:	Typhoid	:
Booster for DPV	:	Hepatitis B	:

a. If your child has an allergy, please specify below. ALLERGIES - THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG: NUTS, EGGS, PEANUTS) OR ANY OTHER.

- Allergy to _____
- Has a doctor diagnosed this allergy? Yes/No
- Has your child been hospitalised with a severe allergic reaction or any other allergy? Yes/No
- If yes, which hospital? _____
- Please list medication prescribed for this allergy -

- Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)? Yes/ No

b. MEDICAL CONDITIONS OTHER THAN ALLERGIES (EG: ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY, FEBRILE SEIZURE) Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include your answers)

- Medical condition 1: _____
- Has a doctor diagnosed this condition? Yes/No
- Has your child been hospitalised with this condition? Yes/No
- If yes, which hospital? _____
- Does your child have a documented action plan from a doctor? Yes/No
- If yes, is this plan attached? Yes/No
- Is your child taking prescribed medication for this condition? Yes/No
- If yes, what is the prescribed medication? _____

c. Physical disability if any _____

The school will require further details in relation to prescribed medication on enrolment. Parents of children who require their child to be administered prescribed medication at school must complete a written request and sign a declaration form. Failure on the part of the parent to sign the declaration form shall result in the cancellation of admission to your child.

17. Students with additional learning and support needs, including disability:

a) Any behavioral or other issues?

b) Have you noticed any kind of learning difficulty in your child? Have you done any professional assessment? Please provide copies of assessment recently done (recent reports).

B. Information about Parents /Guardian :

Please ensure that each parent (guardian in case parents are no more), who is individually or jointly responsible for the student financially or otherwise, fills up the information in the following pages.

1) To be filled by the mother (or guardian)

a) Name:

b) Relationship to the student: Mother / Guardian

c) Age:

d) Professional /Educational Qualification:
(State the highest degree attained)

Details of Colleges / Universities attended:

Degree	College / University	Year of Graduation

e) Presently working at:

Name & Address of the Organisation	Phone No.	Designation	Nature of Work

f) If self-employed/Owning own business:

State Nature of Work	Phone No.	Name & address of your Organisation

g) If working for an NGO:

State Nature of Work	Phone No.	Name & address of NGO

h) Does your employer provide any allowance / reimbursement of educational expenses for your child? If so give details.

2) To be filled by the Father (or guardian)

- a) Name:
- b) Relationship to the student: Father / Guardian
- c) Age:

d) Professional /Educational Qualification
(State the highest degree attained)

Degree	College / University	Year of Graduation

e) Presently working at:

Name & Address of the Organisation	Phone No.	Designation	Nature of Work

f) If self-employed/Owning own business:

State Nature of Work	Phone No.	Name & address of your Organisation

g) If working for an NGO:

State Nature of Work	Phone No.	Name & address of NGO

h) Does your employer provide any allowance / reimbursement of educational expenses for your child? If so give details.

i) Any other details considered important, but not covered above:

C. Financial information about parents / guardian:

Gross (pre-tax) annual income of the parents:

Mother / First guardian:

Father / Second guardian:

D. Addresses for communication:

Mother /guardian

Father/ guardian

Address:

Address:

Mobile:

Mobile:

Phone (Res):

Phone (Res):

Phone (Off):

Phone (Off):

E-mail:

E-mail:

Mobile No. for sending SMS:

E. To the Parent

Your responses to the following 3 questions will help us to understand the child better and reach out to him / her with awareness and sensitivity. However, you may feel free to confine your responses to your level of comfort and not feel obliged to disclose information that you consider irrelevant in this context. Please be assured that this would be treated as confidential.

- a) If the guardian of the child is someone other than the father or mother, state the reasons and background.
- b) If the parents are separated or divorced, please indicate clearly the legal status in term of custody and access to parents and the arrangements between the parents regarding the visitation rights or any other rights in conformity with the orders of the legal authority and school rules. In such cases (those in which one of the parents has visitation rights or any other rights and the other parent has custody) both the parents should sign the application form.
- c) If the parents are separated or divorced, please indicate the person responsible for payment of fee.

2. Demands of parenting today:

3. What are the three important influences that you foresee as acting on your child in the next five years in order of importance? (No.1 being most important)

4. What are your views on introducing technology to young children?

g) What are your reasons for choosing Prakriya for your child's education?

h) How do you spend time with your child?

i) How do you spend time during weekends and holidays?

G. Interests:

a) Mother:

b) Father:

I / We hereby certify that the information given in this application form is correct to the best of my knowledge and that no information has been withheld or not disclosed/ disclosed partially. (If any non-disclosure or partial disclosure of information or incorrect information is given in the application form, the school reserves the right to cancel admission given to the child).

I/ We agree to abide by the rules and regulations and any amendments thereof, formulated by Prakriya Green Wisdom School.

Name & Signature of the mother / guardian:

Name & Signature of the father / guardian:

Date:

Place:

Documents enclosed with the application (Please tick where applicable):

- | | |
|---|--------------------------|
| (1) Copy of the Birth certificate of the child | <input type="checkbox"/> |
| (2) Copy of transfer certificate issued by the School last attended (if applicable) | <input type="checkbox"/> |
| (3) Copy of Aadhaar card | <input type="checkbox"/> |
| (4) Copy of the latest Transcript / Report issued by the school last attended / attending | <input type="checkbox"/> |
| (5) 1 passport size photo of the child, father and mother. | <input type="checkbox"/> |
| (6) Medical Reports and Recommendations (if any) | <input type="checkbox"/> |
| (7) Professional assessment reports of L.D (if applicable) | <input type="checkbox"/> |