



KRISHNA LEARNING ACADEMY

(A Co-Educational English Medium School)

Main Market Chakalua, Distt.-Nainital

PRESCHOOL / DAY CARE

ADMISSION FORM

Admission Date : _____

Admission No.: _____

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission required for : _____

Note : Please use **capital letters only**.

We, and, wish to admit our son/daughter/ward whose particulars are given below as a day scholar at **Krishna Learning Academy, Chakalua (Nainital)**

First Name _____ Middle Name _____ Last Name _____

Gender Male Female Date of Birth DD MM YY Date of Birth in words _____

Blood Group _____ Religion _____ Caste _____ Nationality _____

Aadhar No. _____

Community SC/ST OBC GEN OTHERS

Languages known _____ Mother Tongue _____

RESIDENTIAL ADDRESS

Father's Mobile No.: _____
E-mail ID : _____

CORRESPONDENCE ADDRESS

Mother's Mobile No.: _____
E-mail ID : _____

NOTE : IN CAPITAL LETTERS ONLY

Distance from school (In kms): _____ Preferred Phone Number for School SMS : _____

Emergency Contact No. (Res./Mobile)	Name of the person to be contacted	Relationship

FAMILY INFORMATION

Father Name	Age:	Nationality:
Occupation:		
Aadhar No.:	Tel.:	

Mother Name	Age:	Nationality:
Occupation:		
Aadhar No.:	Tel.:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard

Incase of Staff Ward:

Name of the Parent :

B.: DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams various school affiliated to:

 SSLC CBSE ICSE OTHER wards won so far in sports, arts or academics
C.: ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
 Transfer Certificate - original copy (if applicable)
 Aadhar Card copy of parents & Child

DECLARATION

I, have the authority to admit my child/ward into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date :

Signature of Parent / Guardian

For - Krishna Learning Academy Office use only

Admission Co-ordinator

Head of the Institution

Date

Date