



# Pioneer Montessori Inter College

Affiliated to U.P. Board

Lakhperabagh, Lakhperabagh Colony, Barabanki

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## ADMISSION FORM

S. No. ....

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 at Pioneer Montessori School.

### A. INFORMATION OF THE CHILD

First Name [ ] Middle Name [ ] Last Name [ ]

Gender [ ] Male [ ] Female Date of Birth [ ][ ][ ] Date of Birth in words [ ]

Blood Group [ ] Religion [ ] Caste [ ] Nationality [ ]

Aadhar No. [ ]

Community SC/ST [ ] OBC [ ] GEN [ ] OTHERS [ ]

Language 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 contacted [ ] Relationship [ ]

Date : \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

**FAMILY INFORMATION**

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel.:	
Aadhar No.:	Tel.:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel.:	
Aadhar No.:	Tel.:	

Single Parent: (Tick one only, if applicable)

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

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

The previous school affiliated to:

 UP Board CBSE ICSE OTHER

Award won so far in sports, arts or academics

Date :

Signature of Parent / Guardian

# MEDICAL HISTORY OF THE CHILD

## HEARING :

Any difficulty observed : Yes  No

Any Consultation with doctor done : Yes  No

If Yes, Explain : \_\_\_\_\_  
\_\_\_\_\_

## VISION :

Any consultation with doctor done. Yes  No

Use of Spectacles/Corrective Lenses : Yes  No

## MOTOR MILESTONES (Approx Months) :

Sitting : \_\_\_\_\_

Standing : \_\_\_\_\_

Walking : \_\_\_\_\_

Speech : \_\_\_\_\_

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper) / any other condition :

\_\_\_\_\_  
\_\_\_\_\_

Any Medication taken for general well being :

\_\_\_\_\_  
\_\_\_\_\_

Any Allergy / any medical information that school should be aware of :

\_\_\_\_\_  
\_\_\_\_\_

Date :

\_\_\_\_\_

Signature of Parent / Guardian

\_\_\_\_\_

**C. ENCLOSURES** (All documents are mandatory at the time of admission)

- Birth Certificate
  - Transfer Certificate - original copy (if applicable)
  - Study Certificate
  - Vaccination Card Copy
  - Blood Group Report
  - Passport size photo of child (5 copies)
  - Passport size photo of parents (2 each)
  - Aadhar card copy of parents & child
  - Copies of progress report cards for the last 3 years
  - Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities
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**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

\_\_\_\_\_

NOTE : - All page of this form should be signed by parent/guardian

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**FOR PIONEER MONTESSORI SCHOOL OFFICE USE ONLY**

Admission Incharge

Date \_\_\_\_\_

Head of the Institution

Date \_\_\_\_\_