



PIONEER MONTESSORI SCHOOL

Affiliated to CISCE Board, New Delhi

Sec-I, 60 Feet Road, Jankipuram, Lucknow

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
