



LITTLE KINGDOM SCHOOL

(Affiliated to Central Board of Secondary Education, New Delhi)

Affiliation No. 1930227

Academic Year 20 - 20

Affix
Recent
Colour
Photograph

Kindergarten: Play School/ L.KG / U.K.G

Primary: I STD – V STD

Secondary: VI STD – X STD

Note : Please ☒ Whenever applicable

Admission No :

APPLICATION FOR ADMISSION ()

Thank you for your interest in Little Kingdom School. Please complete the Application Form below and return it to the office. Completing this form does not automatically offer admission.

1) a) Full Name of the Student :

(In Caps As per in Birth Certificate)

b) Gender : Male ☐ Female ☐ other ☐

c) AADHAAR NO :

2) Date of Birth :

(In words)

3) Age : Blood Group :

4) Religion : Community :

5) Caste :

6) Mother Tongue :

7) Child's position in family :

(E.g. Eldest or youngest)

8) Personal Identification Marks (Student) :

9) Siblings : Yes ☐ No ☐

10) Sibling information : Name :
D.O.B :

11) Name of Mother :
Highest Qualification : Birth Place :
Nationality : Profession :
Annual Income :
Mobile No :* Email Id :
AADHAAR NUMBER :

12) Name of Father :
Highest Qualification : Birth Place :
Nationality : Profession :
Annual Income :
Mobile No :* Email Id :
AADHAAR NUMBER :

13) Name of Guardian :
Address (Attach a proof) :
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14) Residential Address :

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HEALTH INFORMATION:

- 1) Does your child have a life-threatening medical condition or suffer from any allergies?
If so please give details.

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- 2) Is your child on any long-term medication? If so, please give details.

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- 3) Is there any health information which may support the education of your child
(e.g. regular speech therapy, need the help of occupational therapist etc)

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It is important that all pupils with asthma are identified, to allow staff to assist in the implementation of an asthma management plan. This includes students who are currently symptom free, as well as students with infrequent episodic asthma who do not take regular medication.

- 4) Has your child ever been diagnosed as having asthma? Yes ☐ No ☐

- 5) I want my child treated with first aid treatment remedies in conjunction with the other types of first aid. Yes ☐ No ☐

GENERAL INFORMATION :

- 1) How did you first hear about Little Kingdom?

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2) What are your expectations from Little Kingdom for your child?

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3) If your child has changed school, what was their previous school? Was there any specific reason for leaving?

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4) Should we note any attitude your child has shown towards previous school experiences?

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5) At Little Kingdom we encourage family participation in our classes, Are there any skills /passions you would like to share (e.g. sewing, art, any other interesting hobbies etc)

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PERMISSION REQUIREMENTS

I give permission for my children to attend regular outings in the charge of staff during school days. These outing include farm visits, field visits, moving to shops etc.

Parent Signature :..... **Date :**.....

Parent Signature :..... **Date :**.....

In the event of an emergency, I authorize first aid care which may be required by my child while he/she is in school care.

If in case, the child is taken to the hospital, I will incur all the expenses arising directly or indirectly out of such treatment

Parent Signature :..... **Date :**.....

Parent Signature :..... **Date :**.....

Medicare Number :.....

The faces of the children at Little Kingdom School often feature on our website, and in our publications. Please sign below if you are happy to allow your child to appear in our promotional materials (website, forms etc), Names will not be included in any promotional information.

Parent Signature : Date :

Parent Signature : Date :

WITHDRAWAL FROM LITTLE KINGDOM SCHOOL

Should I/we choose to withdraw from this school, I/we agree to give Little Kingdom School one full term's notice, excluding holidays, in writing of our intention. I/we understand that failure to do so will incur a penalty of one term's fees being billed. I/We understand and accept the conditions as set out in the fee policy schedule:

EXCLUSION FROM THE SCHOOL

- a) If the School Management considers that a student is guilty of a serious breach of the rules or has otherwise engaged in conduct which is prejudicial to the school or its students or Staff, the School Management may exclude the student permanently or temporarily at their absolute discretion.
- b) If the School Board believes that a mutually beneficial relationship of trust and co-operation between a parent and school has broken down to the extent that it adversely impacts on that relationship, then the school and the school board may require the parent to remove the child from the school.
- c) The School will only exercise its powers under this clause to exclude a pupil permanently if it has provided the pupil and the parents or guardians of the pupil with details of the conduct which may result in a decision to exclude the pupil, and provided them with a reasonable opportunity to respond.
- d) No remission of fees will apply in relation to any of the above cases.

PARENT/GUARDIAN DECLARATION

- 1) I/we understand that the acceptance is subject to an interview and placement offer.
- 2) I/we acknowledge joint and several liabilities for the payment of all school fees and charges.
- 3) I/we agree to accept and be bound by the policies governing Little Kingdom School and the authority of Little Kingdom School and staff
- 4) I/we agree that the information provided to the school is true and correct.

Parent Signature : Date :

Parent Signature : Date :

Thank you for completing our paperwork. We look forward to meeting you and your family, and discussing your application.

PREVIOUS SCHOOL DETAILS

School Name.....

Class & Sec

EMIS No.

PEN No.

Happy Home + Happy School —————> Prodigy Kid

AFFIX YOUR HAPPY FAMILY PHOTO

FOR THE SCHOOL USE ONLY

Name Admitted to Class.....

Admission No..... Date of Admission Receipt No.....

Register: Book No..... Page No.....

Transfer Certificate

☐

Community Certificate

☐

Birth Certificate

☐

NRI Documents

☐

Aadhaar Card

☐

Others

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Admission In-Charge

Principal

Senior Principal