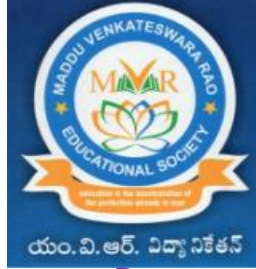


MVR Vidyanikethan

Saripalli , Koyyalagudem Mandal, W.G.Dt, AP-534312

Email: mvrvidyanikethan@gmail.com
Website: <http://www.mvrvidyanikethan.edu.in>



Application for Admission

Please complete each section in **BLOCK LETTERS** using Black Ink

Section 1: CHILD'S PERSONAL DETAILS

| | | | | | | |
|----------------------------|-----------|--|----------------|---------|--------|--|
| Family Name | | | Father's Name | | | |
| Date of Birth | | | Place of Birth | | | |
| Nationality | | | Male | | Female | |
| Address | | | | | | |
| Parent's Telephone Numbers | Residence | | | Mobile | | |
| | | | | Office: | | |

Name and classes of any brother(s)/sister(s) already attending the school _____

Language(s) commonly spoken at home: (1): _____ (2): _____

Section 2: ACADEMIC DETAILS

Class in which admission is sought: _____



Name(s) of school(s) attended in the past and dates of attendance:

| Name of School (Any City/Country) | Class | From | To |
|-----------------------------------|-------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problem requiring special attention:

Section 4: PARENT / GUARDIAN DATA

| | | | |
|-------------------------|--|--------------------|--|
| Father's Name | | | |
| Profession | | Designation | |
| Organization | | | |
| Office Address | | | |
| Office Telephone | | Fax No: | |
| Email: | | | |



| | | | |
|---------------|--|--|--|
| Mother's Name | | | |
|---------------|--|--|--|

| | | |
|---------------------|-------------------------------------|---------------------------------------|
| Mother's Occupation | House Wife <input type="checkbox"/> | Professional <input type="checkbox"/> |
|---------------------|-------------------------------------|---------------------------------------|

| | | | |
|------------------|--|---------|--|
| Profession | | | |
| Organization | | | |
| Office Address | | | |
| Office Telephone | | Fax No: | |
| Email: | | | |

Section 5: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

Signature of Parent/ Guardian _____
Date

Signatory's Name: _____

Signatory's Relation with the Child: _____



Section 6: ADMISSION PROEDURE

1. *The completed admission form along with the copies of birth , Adhar and health certificates, 3 passport size photographs and the registration fee (non-refundable) must be submitted to the school office.*
2. *After the admission from has been processed, a date is given for applicant's assessment.*
3. *Parents are informed of the outcome within one week of the written test date. If a place is offered, the child's admission / enrolment must be confirmed and all dues paid within 3 days of date of offer.*
4. *If, within three days, enrolment is not confirmed, the child's place is offered to another candidate.*

FOR OFFICE USE ONLY

Form Check By

Registration Fee Paid On:

Birth Certificate Provided Yes:

Cash

Photograph Provided Yes:

Or Cheque No:

School Leaving Certificate Yes:

Admission Fee:

Written Test Pass: Fail:

Tuition Fee:

Date:

Security Deposit

Child Interviewed By:

Total Cash

Parent Interviewed By:

Acceptance / Rejection A R

Signature Accountant

Reason For rejection:

Signatures of Head of School