



*Empower your child with Value Based Education*

## ADMISSION FORM

Date: ..... For Grade: ..... SID: ..... Form No.: .....

### STUDENT INFORMATION

**Please fill the form in BLOCK LETTERS**

<b>Student's First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Date of Birth</b>	<b>Gender</b>	<b>SMS Alert Cell No.</b>

Affix student  
photograph

Religion: ..... Nationality: ..... Passport No.: .....

Mother Tongue: ..... Aadhar No.: .....

Does the student require school transport facility? Yes ☐ No ☐

### PARENTS INFORMATION

Father's Name: .....

Home Address: .....

.....

Home Phone No.: ..... Contact No.: .....

Email: .....

Qualification: ..... Designation: .....

Employed at: .....

Office Address: .....

.....Office Phone No.: .....

Mother's Name: .....

Home Address: .....

.....

Home Phone No.: ..... Contact No.: .....

Email: .....

Qualification: ..... Designation: .....

Employed at: .....

Office Address: .....

.....Office Phone No.: .....

Affix father's  
photograph

Affix mother's  
photograph

### PREVIOUS SCHOOL INFORMATION

Name of the school	Grade last attended	Last Day of the School
Address of the School		Phone No.:
Reasons for leaving the school		

### MEDICAL HISTORY OF THE STUDENT

Blood Group	Allergies and Medical Ailments (if any)		
Family Doctor's Name		Cell Phone No.:	Work Phone No.:

### SIBLINGS INFORMATION

Name	Zenith Academy Student	Grade
1.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you like to recommend any other children to Zenith Academy? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### PICKUP FROM SCHOOL

Name: .....

Relationship to the student: .....

Phone No.: ..... Cell Phone No.: .....

Email: .....

Affix photograph  
of the person  
picking up the child

### EMERGENCY CONTACT

Name: .....

Relationship to the student: .....

Phone No.: ..... Cell Phone No.: .....

Email: .....

Affix a  
photograph  
of the contact  
person

## RELEASE AND AUTHORIZATION AGREEMENTS

We.....hereby agree to the terms & conditions mentioned below.

### FIELD TRIP AND OTHER ACTIVITIES

We the parent waive and release Zenith Academy and parents of the student(s) in case of an accident / injury suffered by my child during field trips, sport activities or by any other reason.

### MEDICAL EMERGENCY

- a. First aid care and treatment will be given by staff members at the scene of an emergency. If required, the student will be taken to a nearby clinic / hospital.
- b. Zenith Academy is not financially responsible for any medical treatment or emergency care.
- c. Zenith Academy is not liable for any allergic reactions.

### PHOTOGRAPHY

We authorize the school staff to photograph / video tape my child for use in presentations, promotions and educational activities.

### ADMISSIONS

1. The issue of admission form does not guarantee admission.
2. Any fee, once paid will not be refunded under any circumstances.
3. The school reserves the right to amend the rules & regulations without prior notice to parents. However, parents will be informed of the changes made.
4. Zenith Academy does not have the facility to provide any Special Education services to any student with physical, emotional, behavioural and learning issues.

We hereby certify that we have read and fully understood the above terms & conditions.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's / Guardian's Signature

#### **Note:**

All applicants must meet the following requirements to facilitate their admission process:

1. Nursery students must be 2 years 10 months old on or before June 1<sup>st</sup> of the current year and potty trained.
2. Kindergarten students must be 3 years 10 months old on or before June 1<sup>st</sup> of the current year.

### DOCUMENTS REQUIRED

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Birth Certificate Xerox       | <input type="checkbox"/> Blood Group Certificate | <input type="checkbox"/> Aadhar Card               |
| <input type="checkbox"/> Transfer Certificate Original | <input type="checkbox"/> Immunization Records    | <input type="checkbox"/> Passport size photographs |
| <input type="checkbox"/> Grades / Behaviour Records    | <input type="checkbox"/> Health Certificate      | <input type="checkbox"/> Other documents if any    |

**FOR OFFICE USE ONLY**

Entrance Test	Date of Interview	Date of Admission
Admission Amount	Date Paid	Receipt No

Remarks:
Admission with undertaking request: Yes <input type="checkbox"/> No <input type="checkbox"/>

\_\_\_\_\_  
Admin Associate

\_\_\_\_\_  
Headmistress / Coordinator

\_\_\_\_\_  
Approval

\*\*\*\*\*

**No. 16, Saunders Road, Near Coles Park, Frazer Town, Bengaluru – 560 005**

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