

# Aakash Public School

Sector-5, Behind Community Centre

12- Biswa, Gurgaon

Ph: 0124- 4260724

Email: [aakashpublicschool.5@gmail.com](mailto:aakashpublicschool.5@gmail.com)

Website : [www.aakashpublicschool.gov](http://www.aakashpublicschool.gov)

---

# Application Form

Academic Session Starting

April, 20\_\_\_\_\_

Name of the Child : \_\_\_\_\_

Admission sought to Class : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Age as on March 31, 20\_\_ : \_\_\_\_\_ years \_\_\_\_\_ months

Gender : \_\_\_\_\_

School previously attended : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

Phone Number : Landline : \_\_\_\_\_ Mobile: \_\_\_\_\_

Paste a latest Pass port  
Size photograph of the  
student

## Mother

## Father

Name : \_\_\_\_\_ : \_\_\_\_\_

Qualification: \_\_\_\_\_ : \_\_\_\_\_

Occupation: \_\_\_\_\_ : \_\_\_\_\_

Annual Income: \_\_\_\_\_ : \_\_\_\_\_

Organisation : \_\_\_\_\_ : \_\_\_\_\_

Mobile No.: \_\_\_\_\_ : \_\_\_\_\_

e-mail : \_\_\_\_\_ : \_\_\_\_\_

## Medical and Health facts:

Family Doctor's Name : \_\_\_\_\_

Family Doctor's Address : \_\_\_\_\_

Family Doctor's Phone : Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Any allergies - Yes/ No. If yes, please give details

Any medical condition or any special needs - Yes/ No. If yes, please give details

Any regular medication required - Yes / No. If yes, please give details.

Please tell us about your child to help us to understand him/her better. For example- any special words for grand parents, relatives, any pets, any special fears, any recent family events that have affected the child, any other information you would like to share with us

---

---

---

I/We understand that the school will attempt to provide medical attention to my/our child on a best effort basis, but the school can not be held responsible for any action/inaction on this account; and accordingly I/we hereby indemnify and agree to keep indemnified the school & its management on this account.

Place : \_\_\_\_\_

Signature of Mother & Father

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

---

**Details of siblings in chronological order including the child whose admission is being sought:**

Name	Age	Sex	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To help us get to know you and your child better, please answer these questions in your own words. Please feel free to use additional sheets if you so require.

How does your child spend his/her time at home and how do you spend time together as a family ?

---

---

How do you discipline your child?

---

---

How do you expect **Aakash Public School** to contribute to your child's education ?

---

---

How can you contribute to **Aakash Public School** ; any special skills ( music, dance, story telling, art & craft etc.) that either parent/relative/friend would like to share with the school from time to time ?

---

---

How did you get to know of **Aakash Public School** ?

---

### TRANSPORT AUTHORIZATION

Transportation Required : Yes / No                      If yes      Pick up and Drop off point : \_\_\_\_\_

The following individuals are authorized to pick the child from the school or the designated drop off point:

1. \_\_\_\_\_    2. \_\_\_\_\_

**Important:**

- Transportation facility will be provided in case the address indicated above is part of the route and is subject to availability. Routes can be changed or discontinued at the discretion of the school management.
- Parents are advised to ensure that the authorized persons are available at the drop off point ten minutes before the scheduled drop off/pick up time. The child would be brought back to the school in case the authorized person is not available at the time of drop off. Parents would then be responsible for arranging to pick up the child from the school.
- While all care would be taken in transporting children and to meet pickup and drop off schedule, the school would not be responsible for any delay/mishap due to any reason whatsoever.

---

Recommended for Admission :                      Yes/ No                      ( any remarks )

Academic Co-ordinator/Class Teacher

---

**Decision of Principal**

- ❖ Provisional Admission granted/ not granted
- ❖ Fees & Charges may be taken & entry made in Admission Register

Signature of Principal \_\_\_\_\_

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

---

**Annexure :**

- ( ) Application form with recommendations of admission committee & incharge
- ( ) Birth Certificate/ Certificate from Gazetted Officer in original
- ( ) Proof of Residence ( attested copy of ration card )
- ( ) 2 photographs

**Fees & Charges deposited:**

Admission Fee Rs. \_\_\_\_\_

Enrollment No. : \_\_\_\_\_

Annual Charges Rs. \_\_\_\_\_

Class & Section : \_\_\_\_\_

Caution Money Rs. \_\_\_\_\_

Fee Clerk Signature : \_\_\_\_\_

Receipt Number \_\_\_\_\_

Accountant Signature : \_\_\_\_\_

Date of Receipt \_\_\_\_\_

**DECLARATION**

- ❖ I/we certify that we have carefully read ,understood and have been explained all the instructions, terms & conditions, rules & regulations, written and unwritten conventions etc. contained in this form and agree to abide by them.
- ❖ I/we certify that I am/are the bonafide guardian of the child and no custody proceedings are currently pending.
- ❖ Permission is granted for my/our child to participate in any outings or excursions that are conducted by the school.
- ❖ I/we release, indemnify and hold harmless the school for any or all damages, claims and other liabilities which may be a consequence of such outings/excursions.
- ❖ Permission is granted to the school to seek any medical or hospital attention for my/our ward in the event of any emergencies, when it may not be possible to contact me/us. In such an event I/ we shall not hold the school or any of its members responsible for any mishap. I/we would also take responsibility for bearing any costs incurred by the school for the above.
- ❖ Permission is hereby granted to the school to include my/our child in any pictures or material used by the school for promoting the school/activities at the school.
- ❖ I/we understand that once admission is granted to my/our ward, I/we need to provide three months notice for withdrawal, irrespective of the reasons thereof. I/we understand that fees are still payable to the school during holidays and extended holidays due to unavoidable circumstances or government orders. I/we undertake to pay the school fees within the specified time.
- ❖ The date of birth and name given in the form are correct. I/we have not suppressed any material information that the school should know and that may be relevant for the purpose of education and growth of the child.
- ❖ The school reserves the right to amend any of the above clauses without prior notice.
- ❖ I/we hereby put my /our signature to confirm the above declaration. I/we also declare that I/we would not hold the school responsible for any mishap or accident.
- ❖ Please strike out any of the above which is not applicable or to which you are not agreeable.

Place : \_\_\_\_\_

Signature of Mother & Father

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