



CBSE Curriculum

Global Achievers School

We not only teach children but build them too..

Moshi toll naka-7770011849/7770011850

www.globalachieversschool.com

ADMISSION FORM 20 -20

fix child's latest
photograph

For class:

Reg. No.

Child's Information

First Name	Middle	Last	
Date of birth	age as on 31 Mar 2019	Gender	
Place of birth	Country	Nationality	
Caste	Sub caste	Religion	Mother tongue
Local Area	Local Pune address		
PIN code	Residence no	Family Type	

Last School attended

Name	City	State	Last class attended
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Parent Information*Father's**Mother's*

Name

Mobile No.

Email

Education Qualification

Date Of Birth

Age

Profession / Occupation

Office Address

Designation

Annual Income

Parental Contribution

Siblings If Any *1st 2nd*

Name

Std.

School

Medical Information

Doctor 's Name

Doctor's No

Doctor 's Address

Allergies

Blood Group

Food Allergy

Food Allergy Detail

Learning Disability

Learning Disability
Detail

Physical Disability

Physical Disability
Detail

Medical History

Other challenges

Emergency / Local Guardian Information

Name

Contact no.

Address

Relation to child

School Authority**Parent sign****Guardian sign**

Documents to be submitted at the time of confirmation of the seat

- Original Birth certificate for verification ONLY. Photocopy/Xerox for submission.
- Caste certificate, (If applicable) Original for verification ONLY. Photocopy/Xerox for submission.
- Aadhar card of parents and child
- Bonafide certificate from the Pre-school for 2 years - Jr.Kg, Sr.Kg. (Class: I ONLY)
- Health History Form duly filled and certified by a doctor. (Mandatory)
- Original Learning disability certificate (if any) for verification ONLY. Photocopy/Xerox for submission.
- Original Physical disability certificate (if any) for verification ONLY. Photocopy/Xerox for submission.
- Original Leaving Certificate counter signed by the Education Officer/Board, if transferred from any other state, applicable from Grade: II to X to be submitted (once their session is completed).
- Original Mark Sheet for verification ONLY. Photocopy/Xerox for submission, applicable from Grade: II to X (once their session is completed).

History

Name of the Child:

ALLERGY TO ANY FOOD		ADHESIVE TAPE	BEE STING
Allergy	What happens?	How Severe?	Medicine Taken At The Time

Does this child have any problem during physical activity? _____

Signature of father _____

Signature of mother _____

To be certified by Registered Medical Practitioner

Date of physical examination _____		Height _____	Weight _____
B.P. _____	Pulse _____	Vision-L _____	R _____
Squint _____	Cornea _____	Ear -L _____	R _____
Clinical Examination	Normal	Recommendation	
Head / Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of current health _____

Fit to participate in an age specific physical activity _____

Should not participate in competitive sport _____

Name of the doctor _____

Signature of doctor _____