

ADMISSION FORM

Paste latest
coloured
photo here

Form No. _____ Sr. No. _____

Name of Akal Academy in which admission is sought _____

1. Class to which admission is sought _____ Session _____
2. Name of the student: Miss /Master _____
3. Mother tongue _____ Nationality _____ Religion _____
4. Father's Name _____
5. Education _____ Occupation/ Profession _____
6. Mother's Name _____
7. Education _____ Occupation/ Profession _____
8. Address _____

9. Phone - Resi. No. _____ Office No. _____ Mobile No. _____
10. Date of Birth of the student _____
11. Name, Permanent address and Phone number of person responsible for paying dues:- _____

12. Names, ages & classes of brothers / sisters of the student studying in the Akal Academy _____

13. School last attended and medium of instruction: _____
14. Names and addresses of two references: _____
(1) _____
(2) _____
15. Special information regarding child's health / allergies etc: _____

Signature of Parents/Guardian

Date: ____/____/____

Name: _____

Form filled/Checked by

Name : _____

Designation : _____

FOR OFFICE USE ONLY

Class to which admitted _____ Roll No. allotted _____ House allotted _____

Date of joining _____ Receipt No. _____ Dated _____

Stamp & Signature of Principal _____