

# ADMISSION FORM

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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 \_\_\_\_\_