

FAMILY INFORMATION

Father/Guardian:

Name:	Nationality:
Educational Qualification:	Institution:
Occupation:	Office Address:
Designation:	
Aadhar No:	Mobile No:

Mother/Guardian:

Name:	Nationality:
Educational Qualification:	Institution:
Occupation:	
Aadhar No:	Mobile No:

MEDICAL HISTORY OF THE CHILD

Any medication taken for general well-being:

Any Allergy / any medical information that school should be aware of:

DECLARATION

I, _____ have the authority to admit my child/ward _____, into the school as the parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to the best of my knowledge, and if found otherwise, I shall abide by the decision of the school management. I agree to abide by the rules, regulations and the fee structure of the school.

Date: _____

Place: _____

Signature of Parent / Guardian

For "New Wisdom Academy" Office use only

*Admission Confirmed? YES NO

*Reason (If admission not confirmed): _____

*Student Id (If admission confirmed): _____

*Admission Confirmation Date: _____

Admission Co-ordinator

Date: _____

Head of the institution

Date: _____

Seal