



New Wisdom Academy

Quest For Excellence

Ulda, PO: Mahuliya, Galudih, East Singhbhum, Jharkhand - 832304

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APPLICATION FORM

Form No.: _____

Date: ____/____/____

Affix passport size photo of child

*Admission required for (class):

*Academic year:

Note: Please use CAPITAL LETTERS only

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at New Wisdom Academy.

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Gender

Date of Birth

Blood Group

☐ Male ☐ Female

DD MM YY

Nationality

Caste

Community

Aadhar No

Mother Tongue

Languages known

Residential Address

Correspondence Address

Father's Mobile No:

E-mail ID:

Mother's Mobile No:

E-mail ID:

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