

12. Details on medical history of the students

- (i) History of serious illness :
in the past if any
- (ii) Does the child have any :
identified allergies
- (iii) Physical defect if any :
(visual, auditory, orthopaedic)
- (iv) Has the child been vaccinated :

I Mr./Mrs

Father/Mother/Guardian of the ward seeking admission, certify that the informations furnished above are complete and correct to the best of my knowledge.

I also certify that i have carefully gone through the School's Prospectus and all the terms and conditions mentioned are acceptable to me.

Date :

Place :

Signature

Note: All applications for admission must be accompanied by a certificate in proof of date of Birth / Transfer Certificate from the previous school.

FOR OFFICE USE ONLY

Application Received On

Reg.Receipt No.

REMARKS OF THE PRINCIPAL