



Skylark World School

Sector 8A, Vrindavan Yojna, Lucknow (U.P.) - 226002 +91 6389 201 901

ADMISSION FORM

Admission No. _____

Form. No. _____

Affix Photo of
Father/Guardian

Affix Photo of
Mother/Guardian

Affix Photo
of Child

We, _____ and, _____ desire to have
our son/daughter/ward whose particulars are given below admitted

INFORMATION OF THE CHILD

Last Name First Name

Gender Male Female Date of Birth DD MM YY

Date of Birth in words Blood Group

Class for which admission is sought

Religion Nationality Gen/OBC/SC/ST/ Minority

Vaccination Details Allergies(if any)

School counselor services requested

Special needs educator requested

Languages Known

MEAL PLAN

Only Breakfast Only Lunch Breakfast & Lunch

Day Care Interested Yes No

RESIDENTIAL ADDRESS

Tel.: <input type="text"/>
Fax.: <input type="text"/>

CORRESPONDENCE ADDRESS

Tel.: <input type="text"/>
Fax.: <input type="text"/>

Distance from school (in Kms):

Preferred phone number for school SMS:

Emergency Contact Numbers Mobile Nos.

Name of the person to be contacted

Relationship

FAMILY INFORMATION

Father/Guardian:

Name: Age: Nationality:

Education Qualiification: Organisation:

Occupation: Designation:

Office Address:

Annual Income: Tel:

Email ID:

Mother/Guardian:Name: Age: Nationality: Education Qualiification: Organisation: Occupation: Designation: Office Address: Annual Income: Tel: Email ID: **SCHOOL**(i) Previous school Class Attended

School transfer certificate to be submitted in original

(ii) Detail of siblings

Child's Name	Class	Name of the School

SIGNATURES

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

I have read and do hereby consent to the terms and conditions enclosed with admission form.

Signature of Mother/Guardian

Signature of Father/Guardian

For office use only

Aadhaar Card Birth Certificate Transfer Certificate

Passport Size Color Photographs - Parents One Each Child's 4

Address Proof Medical Certificate - Vaccination/Allergies

Meal Plan - Breakfast Only Lunch Only Breakfast And Lunch

Transportation Day Care Admission Fee Security Deposit

Admitted to Class _____

Signature

HM / Principal

Chief Executive Officer



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enquiry@skylarkworldschool.com