

B. FAMILY INFORMATION (i) GENERAL

1. Marital Status of Parents : Married Seperated Divorced Widow(er) Other

2. Student is living with: Both Father Mother Guardian Other

3. Annual Income of Parents: Father Rs. Mother Rs.

(ii) FATHER

2. Name of Father

3. Qualification(s) 4. Profession

5. Office Address

Office No:

6. Mobile No 7. E-mail

(iii) MOTHER

2. Name of Mother

3. Qualification(s) 4. Profession

5. Office Address

Office No:

6. Mobile No 7. E-mail

(iv) GUARDIAN (if applicable)

2. Name of Guardian

3. Qualification(s) 4. Profession

5. Office Address

Office No:

6. Mobile No 7. E-mail

(v) EMERGENCY CONTACT

1. Name of the Person 2. Relationship

3. Address

4. Mobile No 5. Landline

(e) RESIDENTIAL & COMMUNICATION INFORMATION

Address for communication

Permanent Address (if differs from the other)

DECLARATION

- (i) I/We certify that my/our child satisfies the eligibility requirements for admission to the class applied for; as stated in the application form of Silvermount International School.
- (ii) I/We certify that I/We have furnished correct information and also undertake to inform the school promptly, in writing, of any subsequent changes.
- (iii) I/We certify that the date of birth and spellings of name of my child/ward given in this form are correct to the best of my knowledge and I shall not make any request for change.
- (iv) I/We understand that the standard terms and conditions of the school will undergo changes from time to time as circumstances require and will comply in all our dealings with the school.
- (v) I/We agree to meet all financial responsibilities with respect to the admission of my/our child to the school.
- (vi) I understand that rendering false or misleading information or withholding correct information may disqualify the child from admission/education at this school.
- (vii) I understand that all bus routes will be at the discretion of the school authorities. The school may discontinue or change the bus service to any area if there are sufficient reasons for this.
- (viii) In consideration of my child participation in various school events organized by the school that may include field trips, excursions, sports events etc, I hereby release the school to seek medical assistance on my behalf that my child require due to any unfortunate happenings while my child is participating in the events. I shall be responsible for any medical costs my child incurs as a result of his/her participation.
- (ix) During my child participation in the school, the school may take photographs and videos of my child participating in various activities. I hereby grant permission to the school to use them in promotional materials of any kind and in school publications
- (x) I certify that I am the bonafide guardian/parent of the child.
- (xi) Having read carefully the rules, regulations and procedures as laid down in the school prospectus and being desirous of having my child/ward educated at Silvermount International School, I hereby agree to abide by them in all respects. I understand the decision of the management of the school shall be final and binding on me.
- (xii) I hereby put my signature to confirm the above declarations

Place:

Name :

Date :

Relationship :

FOR OFFICE USE ONLY

Admitted to Grade :

Date of Joining :

Principal's Remarks :

Document Submitted :	Original	Photocopy
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Marks Sheet	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Migration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Conduct Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>

NON EFFECTIVE RECORD (For Office Use)

1. Date of Withdrawal/Absent :

2. Reason for Withdrawal :

3. Whether TC issued, if so, No :

4. Whether CD refunded, if so amount : Rs

Cheque No:

Dated

5. Any other remarks :

MEDICAL FORM

1. Has your child been vaccinated for the following?

i) Measles ii) Mumps iii) Rubella iv) Diphtheria/Pertussis/Tetanus/Polio? Hepatitis

2. Which Childhood diseases has your child had?

3. Does your child have any special medical problems (including allergies), if yes, please give details

4. Has your child ever been diagnosed with any of the following;

Attention Deficit Disorder	Dyslexia/Hyperactivity	Autism
Emotional/Behavioural Disorders	Language or Speech disorder	Other

5. Does your child take any medication or need to take any kind of medical device like inhaler, epipen

6. Does your child need corrective help for sight (glasses) or hearing

7. Does your child have any dietary requirements (i.e. for religious or medical reasons)

8. Does your child have any physical ailments, which would prevent him or her from participating in physical education classes or any other school activities

ANNEXURE - 1

This sheet to be filled in by the students applying for admission to class XI only and attached to the main application form

1. List out the elective subjects that you wish to take up in the CBSE course:

(Study the subject combinations offered by the school carefully before filling this in)

a)

b)

c)

d)

2. Explain briefly why you wish to choose these subjects;

3. Give a brief explanation on what you would like to take up as your profession

4. Give a brief assessment of your strong and weak points

5. Mention three things that you are genuinely interested in other than academic subjects

6. If your previous schooling was in another school, mention three things that you would like to change in that school and three things that you would not like to change

7. What was the prime reasons for you to choose Silvermount International School for XI/XII

Name of the Student :

Signature :

Date :