



THE PARADISE RESIDENTIAL SCHOOL

#1, Basapura, Hosur Main Road, Behind Concorde City Apartments, Maruthi Layout,
Bangalore 560 100. Ph: 080 65462507, Mobile : 93420 19593, 99000 81777

APPLICATION FOR ADMISSION

Affix
Recent
Passport
Size
Photo

Application No. _____

Class _____

Gender

Male

Female

Stream - ICSE / STATE _____

Age as on 31st May' ____

Name of the pupil in full (Block Letters)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

IN FIGURES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IN WORDS

Place of Birth

TOWN

TALUK

DISTRICT

STATE

Father's Name

Affix recent
Photo of
Father

OCCUPATION

DESIGNATION

QUALIFICATION

ANNUAL INCOME

PHONE (RESIDENCE)

MOBILE

Mother's Name

Affix recent
Photo of
Mother

OCCUPATION

DESIGNATION

QUALIFICATION

ANNUAL INCOME

PHONE (RESIDENCE)

MOBILE

Pupil staying with

Parents

Guardian

Hostel

Permanent Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
	PHONE		MOBILE
Present Address/ Guardian's Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
	PHONE		MOBILE
Nationality	<input type="text"/>	Mother Tongue	<input type="text"/>
For NRI Students	<input type="text"/>	For Foreign students	<input type="text"/>
	NO. OF YEARS ABROAD		ATTACH COPY OF PASSPORT & VISA
Religion	<input type="text"/>	Caste	<input type="text"/>
		Whether belongs to SC/ST/OBC	<input type="checkbox"/>
			(IF YES, ENCLOSE CERTIFICATES)
No. of siblings	<input type="text"/>	<input type="text"/>	Child related to any student in this school
	ELDER	YOUNGER	<input type="text"/>
			(IF YES, SPECIFY NAME, GRADE, SECTION AND RELATIONSHIP)
Name of the school last attended	<input type="text"/>		
Class in which studying	<input type="text"/>	Language studied	<input type="text"/>
Percentage secured in last Examination	<input type="text"/>	Whether School leaving Certificate produced	<input type="text"/>
Medium of Instruction	<input type="text"/>	Other Languages Spoken/Written	<input type="text"/>
Hobbies / Interests	<input type="text"/>		
Any outstanding achievements	<input type="text"/>		
	<input type="text"/>		
	(ACADEMIC, CO-CURRICULAR, EXTRA-CURRICULAR, SPORTS, NCC, SCOUTS, GUIDES, CUBS, BULBULS ETC.)		
School Bus facility required	Yes	<input type="text"/>	No
			<input type="text"/>
DECLARATION	I will obey and follow all the rules and regulations of the school.		
	SIGNATURE OF THE CANDIDATE		
	I assure you that we will obey and follow all the rules and regulations of the school. I request that he / she may be admitted to your school		
	Standard..... Stream.....		
	Station Date.....		
	SIGNATURE OF THE PARENT/GUARDIAN		

FOR HOSTEL ADMISSION ONLY

Local Guardian's Name

Relationship with the student

Guardian's Address



PHONE (RESIDENCE)

MOBILE

PERSONAL INFORMATION

Whether the student has stayed in Hostel before Yes No

If Yes, Name & Address of the Hostel

HEALTH - RECORD

Blood Group Height Weight

Name of the Family Doctor Phone Mobile

Susceptible to Breathing Problems Yes No Cold Yes No

Allergic to

Any other (Please Specify)

Medical History

(IF UNDER TREATMENT FOR ANY AILMENTS, PLEASE SPECIFY)

DECLARATION I will obey and follow all the rules and regulations of the school hostel.

SIGNATURE OF THE CANDIDATE

I assure you that we will obey and follow all the rules and regulations of the school hostel. I request that he / she may be admitted to your school hostel.

Standard..... Stream.....

Station Date.....

SIGNATURE OF THE PARENT/GUARDIAN

PARTICULARS TO BE FILLED BY THE OFFICE

SCHOOL

Standard	<input type="text"/>	Stream	<input type="text"/>
Date of Admission	<input type="text"/>	Admission No.	<input type="text"/>
Fee Receipt No.	<input type="text"/>	Date	<input type="text"/>
Initials of the clerk	<input type="text"/>	Signature of the Principal	<input type="text"/>

HOSTEL

Standard	<input type="text"/>	Stream	<input type="text"/>
Date of Admission	<input type="text"/>	Admission No.	<input type="text"/>
Fee Receipt No.	<input type="text"/>	Date	<input type="text"/>
Room No.	<input type="text"/>	Block No.	<input type="text"/>
Initials of the clerk	<input type="text"/>	Signature of the Warden	<input type="text"/>
Signature of the Principal	<input type="text"/>		