



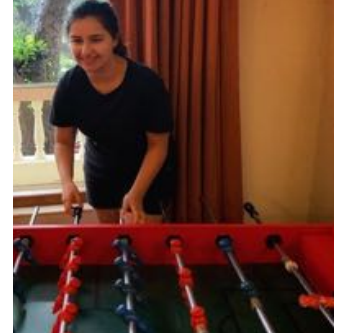
Admission Form

ELITE AMERICAN CORPORATE SCHOOL

Please print this form, fill up section 2, 3 & 8 by hand and send the pictures on Whatsapp to 7700000062. Bring the original form after receiving the seat confirmation



LIFE SUCCESS CENTRE



1. Family Information

Name 1	Age 1
Name 2	Age 2
Name 3	Age 3

Class	E.M school (y/n)	Tuition (y/n)	Speaking skills (1-5)	Turnout (1-5)

1 is poor; 5 is excellent

2. Ward Information

Ward's Family Name
Ward's First Name + Middle Name
Date Of Birth (DD/MM/YY)

Recent Photo of the ward

Session applied for (example: 2020-21)
Height
Weight
Complexion

Last School (City)

Last School (Name)

Class In which seeking Admission

Marks / Progress Grades of Last three classes (example: 76% or Grade A+)

Sports / Activities in which the child excels

Please Confirm:

- | | | | |
|--------------------------|--|--------------------------|-----------------------------|
| <input type="checkbox"/> | You have mark sheets / grade sheets to support the above. | <input type="checkbox"/> | Not yet, but will come soon |
| <input type="checkbox"/> | You have certificates of participation in sports and activities to support the above | <input type="checkbox"/> | Not yet, but will come soon |

3. Father's Information

Father's / Guardian's Family Name
Father's / Guardian's Name
Age
Top Qualification

Father's / Guardians Photo

Phone 1
Phone 2

Email

Relationship with the Ward if not the father. Please describe.
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4. Mother's Information

Mother's Family Name
Mother's Name
Age
Top Qualification

Mother's Photo

Phone 1
Phone 2

Email

5. Family Hobbies / activities

1	List all the activities which you do as a family together with your children
2	
3	
4	
5	
6	
7	
8	

6. Questionnaire

Would you mind if the children get good exposure away from home for a few days?

What are your plans for your kids?

Are your kids reading books, developing other skills and preparing a knowledge base?

Are your kids well spoken?

What is the ambition for these children?

Are you monitoring the progress of your children? Who is monitoring (if only one parent)

What do you do to ensure that the children are actually learning?

How do you assess the school?

7. General Particulars

Address: Line 1
Address: Line 2
Address: Line 3

NOTE: The school is deeply concerned about any ailments that your child suffers from, OR ANY medicine or treatment that he is taking on a regular basis OR currently undergoing. Please kindly declare all such facts truthfully and completely. Use more sheets if required.

EYESIGHT (CERTIFICATE ATTACHED)

Known Medical Ailment Name	Details
Known Medical Ailment Name	Details
Known Medical Ailment Name	Details

8. Declaration:

I confirm that: I HAVE PROVIDED ALL THE INFORMATION ABOVE (OR AS ATTACHED) TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

I AM NOT WITHHOLDING ANY INFORMATION

Signature of the Father / Guardian	Signature of the Mother
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Office remarks if any: