



For Office Use Only

## REGISTRATION AND APPLICATION FORM

Phone: +91-80-41206718  
Mobile: +91-9008944976  
Email: [admissions@pramitischool.in](mailto:admissions@pramitischool.in)

This form should be filled in and should reach the admissions office of **Pramiti, No. 155, 6<sup>th</sup> Main, J.P Nagar 3<sup>rd</sup> Phase, Bangalore 560078.**

**Please note that:**

**Incomplete forms including those without a photograph, the most recent year-end school report (if applicable), proof of date of birth and the cheque for the application fee, will not be considered.**

1. **PROGRAM:** Toddler Community / House Of Children / SEN

2. **PERSONAL INFORMATION OF THE CHILD:**

- (a) Name in full: .....
- (b) Gender: .....
- (c) Date of Birth: .....
- (d) Place of Birth: .....
- (e) Nationality: .....

Please affix a recently taken photograph of the child
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3. **DETAILS FOR COMMUNICATION:**

- (a) Address: .....
- .....
- .....



(b) Phone (Res): ..... Phone (Off): .....

(c) Mobile: .....

(d) Email: .....

4. **DOES THE CHILD LIVE WITH A GUARDIAN? IF YES, PLEASE PROVIDE DETAILS (please note that if the parents are abroad it is mandatory to have a local guardian)**

(a) Address: .....

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(b) Phone (Res): ..... Phone (Off): .....

(c) Mobile: .....

(d) Email: .....

5. **PASSPORT DETAILS (for overseas students):**

(a) Passport Number: .....

(b) Date of Issue: .....

(c) Place of Issue: .....

(d) Valid Upto: .....

6. **VISA / RESIDENT PERMIT DETAILS (if applicable):** .....

.....

7. **ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD:**

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**8. INFORMATION ABOUT THE FAMILY (parents / guardians):**

**(a) Father's Name / Guardian's Name:** .....

**1. Relationship to the Student (if Guardian):** .....

**2. Office Name and Address:** .....

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**3. Designation:** .....

**4. Educational / Professional Qualifications:** .....

.....

**5. Phone (Office):** ..... **Mobile:** .....

**6. Email:** .....

**7. Gross (pre-tax) Annual Income (Rs):** .....

**(b) Mother's Name / Second Guardian's Name:** .....

**1. Relationship to the Student (if Guardian):** .....

**2. Office Name and Address:** .....

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**3. Designation:** .....

**4. Educational / Professional Qualifications:** .....

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**5. Phone (Office):** ..... **Mobile:** .....



6. Email: .....

7. Gross (pre-tax) Annual Income (Rs): .....

**9. CHILD'S HISTORY:**

(a) School History of the child (*List all the schools previously attended. Attach a copy of the latest available school report*)

Name of the School	Place	Date of Joining	Date of Leaving	Standard

**(b) Health History**

1. Was the child born full-term or pre-term? .....

2. Was the delivery Normal or C-Section? .....

3. Is the child under any medication or treatment? If Yes, please provide details

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4. Any other information you would like to share about the child's health

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**(c) Contact Details Of The Child’s Doctor**

- 1. Name of the Doctor: .....
- 2. Phone Number (Clinic): ..... Mobile: .....
- 3. Email: .....
- 4. Can we contact the child’s doctor if necessary? .....

**10. DOCUMENTS TO BE ENCLOSED ALONGWITH THE APPLICATION FORM**

- (a) Copy of the Birth Certificate
- (b) Copy of Vaccination Records
- (c) Assessment Record (*applicable for SEN programme*)
- (d) Copy of the previous schools records
- (e) Photograph to be affixed
- (f) Cheque or Demand Draft for Rs. 2000/- drawn in favour of “Crossover” payable at Bangalore

**11. DECLARATION BY CHILD’S PARENTS / GUARDIAN:**

We certify that all the information provided above is true to the best of our knowledge.

Name and Signature of the Father / Guardian: .....

.....

Name and Signature of the Mother / Guardian: .....

.....



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<b>Registration Fees Paid: Yes / No</b>
<b>Cheque Details: Chq Number ..... dated .....</b>
<b>Bank &amp; Branch: .....</b>
<b>Admission Granted: Yes / No</b>
<b>Date of Joining: .....</b>
<b>Annual Fee Payable (Rs): .....</b>