

KOLATHUR LITTLE SCHOLARS PRE SCHOOL

(Little Scholars, High Potential)

Email: info@kolathur-little-scholars.org

Contact Us: 98404 93933 / Landline: 044 4616 7244

ADMISSION FORM

Student Details:

1. Student Name: _____
2. Date of Birth: _____
3. Age: _____ Yrs
4. Gender: Male: ☐ Female: ☐
5. Nationality: _____
6. Religion: _____
7. City: _____
8. State: _____
9. Residential Address: _____

10. Pincode: _____
11. Landline No: _____

Parent/Guardian Information:

Father/Guardian Name:

Contact Number:

Email ID:

Occupation:

Office Address Optional:

Mother's Name:

Contact No:

Email ID:

Occupation:

Office Address (Optional):

Previous Academic Details:

Last School Attended:

Last Class Attended:

Admission Details

Class For Admission:

Academic Year:

Any Siblings In The School ? Yes No

If Yes Name and Class:

Medical Information:

Blood Group:

Any Allergies or Medical Condition if Any:

Emergency Name Contact Number:

Documents Checklist Attach Copies:

- a) Birth Certificate
- b) Transfer Certificate if Applicable
- c) Passport Size photos 3 Copies

Declaration:

I hereby declare that the information provided above is true and correct to the best of my knowledge, I understand that providing false information may result in the cancellation of admission.

Signature of guardian/parent

Date

For Office Use only

Application Number:

Admission Approved: Yes No

If No Reason:

Class Allotted:

Signature of Principal/Administrator

Date: