



THE WORLD SCHOOL

The World School, Sarjapur
#79/4 Sulikunte Village, Sarjapur Main Road,
Bangalore 562125

The World School, Varthur
#45/3 Ajjagondanahalli Village, Anugondanahalli Hobli,
Bangalore 560067

CAMPUS TO WHICH APPLIED FOR

Student Information

Name _____
(As per official records)

Gender : Male Female Date of Birth Place of Birth : _____
D D M M Y Y Y Y

Nationality : _____

Mother Tongue: _____

Passport No: _____ Place of Issue : _____ Validity: _____

Aadhar Card No: _____

Hobbies: _____ Sports: _____

Other Interests: _____

Address for Communication

House Number or Building Number: : _____

Street : _____ City: _____

State: _____ Pin Code: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Family Information

Mother's Name: _____

Qualification(s): _____ Professional: _____

Name of Organisation & Designation: _____

Business(if applicable): _____

Ph: _____ Mobile: _____

E-mail: _____ Annual Income: _____

Aadhar No: _____

Father's Name: _____

Qualification(s): _____ Profession: _____

Name of Organisation & Designation: _____

Business(if applicable): _____

Ph: _____ Mobile: _____

E-mail: _____ Annual Income: _____

Aadhar No: _____

Guardian's Name: _____

Qualification(s): _____ Profession: _____

Name of Organisation & Designation: _____

Business(if applicable): _____

Ph: _____ Mobile: _____

E-mail: _____ Annual Income: _____

Aadhar No: _____

Student is living with Both Parents Mother Father Guardian

Details of Siblings

Name	Age	Institution Studying in	

Previous Education

Name and address of previous school

Name	Age	Institution Studying in	

Grade completed before entry to The World School (TWS) _____ Medium of Instruction : _____

The school is affiliated to: SSLC CBSE ICSE Others(specify)

Languages the student has previously studied:

Second language: _____ From Grade: _____ to: _____

Third language: _____ From Grade: _____ to: _____

Scholastic Achievements : _____

Non-Scholastic Achievements: _____

Additional Information

What aspirations do you have for your child ? _____

Why do you want to enrol your child/ward in The World School ? _____

Any other information you wish to share _____

Enclosures

The following documents should be submitted during the admission of the student to the school:

1. Birth Certificate
2. Aadhaar Card.
3. Parent PAN Card Copy
4. Passport Copy (Address Proof)
5. 12 passport size photographs of child and 6 sets of photos of parents / guardian
6. Transfer Certificate / Marksheet / School Leaving Certificate (Only if applicable)

DECLARATION

I hereby declare that the information furnished in this form is true to the best of my/our knowledge and belief.

Date:

Father

Mother

Guardian

Place:

Signature of the Parent/Guardian

For Office use only

Admit to Grade: _____ Admission Number: _____

Date of Joining: _____ Campus: _____

Principal's Remarks _____

Documents Submitted:

Originals

Photocopy

1. Birth Certificate

2. Aadhaar Card.

3. Parent PAN Card Copy

4. Passport Copy (Address Proof)

5. 12 passport size photographs of child and
6 sets of photos of parents / guardian

6. Transfer Certificate / Marksheet /
School Leaving Certificate (Only if applicable)

7. Proof of Achievements

Remarks: _____



Undertaking by Parents

(To be signed and returned with the Application Form by the Parents)

I understand the my son / daughter is granted admission to The World School (TWS) _____
on the following terms and conditions: (campus)

Transfer / Leaving Certificate

1. I am required to submit the Transfer / Leaving Certificate from the previous school within 15 days of his / her joining the school, failing which the principal will have the right to cancel the admission

Fee

1. I am to deposit the fees completely on or before the date the ward is to join the school
2. There will be no refund of fees if the ward is withdrawn from the school for whatsoever reason
3. In case my ward is withdrawn in the middle of an academic year, for whatsoever reason, I will pay the full fees for the entire academic year
4. Any delay in payment of fees will attract 12% interest per annum, calculated pro rata.

I agree to the Leave Policies if the School

1. I also understand that no leave will be granted to the student unless I apply for it directly to the Principal atleast 7 days in advance and thereafter obtain his / her approval.

Medical Aid / Accidents

1. The school will do its best to provide normal medical aid, but the school will not be held responsible for any untoward incidents/ mishaps accidents despite its best efforts. This applies also to all accidents which may occur in the science - laboratories, workshops, sports field, tours or journeys to and from the school

Issue of Transfer Certificate

. If the parents/gaurdian desire to discontinue the child's studies in this school for the next academic session, it is mandatory for the parents to apply in writing to the school before Jan 31st

Name : _____ Relationship to child : _____

Sign : _____ Date : _____



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+91 80 29710513 | +91 7338113452
info@theworldschools.org

Medical Form

Name of Student: _____

Grade: _____

Gender: Male Female Date of Birth _____

Blood Group: _____ Height: _____ cms Weight: _____ kgs

Identification Marks: _____

Parent's Name: _____

Communication Address: _____

Ph: _____ Mobile: _____

E-mail: _____

Local Guardian's Name: _____

Communication Address: _____

Ph: _____ Mobile: _____

E-mail: _____

Health and Physique: Any allergy / ailment / physical disability / learning difficulty?

Has the Child been Immunized for

A. Poliomyelitis (Polio Vaccine) Yes No

B. Diphtheria / Pertussis / Tetanus (Triple Antigen) Yes No

C. Measles / Mumps / Rubella (M.M.R) Yes No

D. Tuberculosis (B.C.G) Yes No

E. Hepatitis B Yes No

F. Hepatitis A Yes No

Any other Vaccination (Please mention): _____

Whether the student has a history of

- | | | | | |
|----------------------------|-----|--------------------------|----|--------------------------|
| A. Congenital Abnormality | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| B. Rheumatic heart disease | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| C. Bronchial asthma | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| D. Epilepsy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| E. Diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| F. Hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| E. Tuberculosis | Yes | | No | |

Please state whether the child is fit & able to participate in sports & expeditions. If not please enclose a medical certificate

I, Dr _____ have examined Master /

Miss _____ thoroughly and state that he/she is medically fit to join school.

Registration Number : _____

Address and Contact No.: _____

Date: _____

Place: _____

Signature of the Doctor
(With seal)

Declaration by the Parent / Guardian

In case of medical emergency which may required surgical procedure, anesthesia, invasive procedures, administration of drug where a written permission is obligatory, I Hereby request the school authorities on my behalf. Medical Treatment may be availed from any competent medical authority or institution.

Date: _____ (Signature of the Parent/Guardian)

Place: _____ Name : _____

Relationship with the pupil : (in case of guardianship) _____

Address: _____

Contact No. & E-mail : _____