## **ADMISSION FORM**



|   |                                  |                                     | Application No. :                 |               |
|---|----------------------------------|-------------------------------------|-----------------------------------|---------------|
|   |                                  |                                     | Academic Year :                   |               |
|   |                                  |                                     | Location :                        |               |
|   |                                  |                                     | Applied for :illed by the school) |               |
| Please go through the followi   | ng instructions before fil       | lling the                           | form:                             |               |
| <ol> <li>Form should be filled in CA</li> <li>Please strike off whatever</li> <li>Please write full name and</li> </ol> | is not applicable.               | nd the p                            | ohotographs being subm            | itted.        |
| Name of the student:<br>(Last Na  |                                  | (Fire                               | st Name)                          | (Middle Name) |
| D D M Date of Birth:  | M Y Y Y Y                        |                                     |                                   |               |
| Blood Group:  | M<br>Gender :                    | F                                   | Nationality:                      |               |
| Religion:   |                                  | Sub Cas                             |                                   |               |
| The above information is required by th   | e school as per the S.S. Code of | Karnataka                           | and will be kept confidential)    |               |
|   | Pass                             | est Coloure<br>port Size<br>tograph | эd                                |               |
|   |                                  | ore than six                        | (                                 |               |

## **Family Information**

(Please circle the name of the person to be contacted during an emergency)

|   | Father | Mother |
|---|--------|--------|
| Surname                                 |        |        |
| First Name                              |        |        |
| Home Address                            |        |        |
| Residence Phone No.                     |        |        |
| Mobile                                  |        |        |
| Email                                   |        |        |
| Occupation                              |        |        |
| Designation                             |        |        |
| Employed/Self Employed                  |        |        |
| Office Address                          |        |        |
| Office Phone No.<br>(Land line)         |        |        |
| Preferred mode of contact Email / Phone |        |        |

| Guardian details (To be filled in only if child is not staying with parents) |  |  |
|--|--|--|
| Name of the Guardian   |  |  |
| Relationship with the child  |  |  |
| Permanent address of the guardian  |  |  |
| Residence Phone No.  |  |  |
| Mobile   |  |  |
| Email  |  |  |

| Second and Third Language Selection Details :  |                        |                |                 |  |  |
|--|------------------------|----------------|-----------------|--|--|
| Second Language (Grade I to X) Hindi Kannada French  |                        |                |                 |  |  |
| Third Language (0  | Grade V to VIII) Hindi | Kannada French | Sanskrit        |  |  |
| Sibling information (If studying at Chrysalis)   |                        |                |                 |  |  |
|  | Sibling                | Sibling        | Sibling         |  |  |
| Name   |                        |                |                 |  |  |
| Grade & Sec.   |                        |                |                 |  |  |
| Gender   |                        |                |                 |  |  |
| Are the parents separated?  Yes No Mother Father  If yes, who has custody of the child?  (Kindly attach the copy of the court order) |                        |                |                 |  |  |
| Signature of the fatherSignature of the mother   |                        |                |                 |  |  |
| Application Check List:  |                        |                |                 |  |  |
| Copy of last 2 Year's Report Cards 2 Passport Size Photographs   |                        |                |                 |  |  |
| School Leaving Certificate (Original) (Before joining)   |                        | Copy of B      | rth Certificate |  |  |
|  |                        |                |                 |  |  |

## **Declaration** (To be signed by Parent / Guardian)

- 1. I/We have read all the rules mentioned in the Admission Procedure form and after fully understanding the rules, I/we have filled this application form
- .2. I/We declare that my/our son/daughter has not been debarred from studying in any school or appearing in any examination in the previous school.
- 3. The information furnished by me/us in this application is true to the best of our knowledge and belief.
- 4. I/We acknowledge that this application does not automatically admit my/our child to Chrysalis High. The School reserves the right to make a final decision. Any falsified or withholding of information may result in the withdrawal of the student.
- 5. I/We acknowledge that, should this application be accepted, my/our child and I/We (his/her parents or guardians), undertake to abide by the policies and regulations of Chrysalis High and I/We understand that in serious instances of infraction, e.g. damage to school property, bodily harm to another student / teacher, my/our child may be asked to leave the school.
- 6. I/We acknowledge that, upon acceptance, I/We agree to pay the applicable fee and abide by the payment options outlined in the fee Schedule.
- 7. I/We acknowledge that the school will take reasonable care and exercise due diligence within its premises and during school activities and will bear no responsibility should the child exercise any reckless and / or careless behaviour that may endanger his / her safety and others around and as such cause harm or injury to himself / herself and others.

| 8.                                     |   | ol is not responsible for loss / damage to personal equipment top computers, i-pods, mobile phones and play stations. |  |  |
|--|---|---|--|--|
| 9.                                     | <ol> <li>I/We declare that all previous medical and psychological histories are correctly reported on the<br/>Admission Form.</li> </ol>                  |   |  |  |
| 10.                                    | <ol> <li>On leaving the school, students would return text or any school property they might have borrowed<br/>during their stay in the school</li> </ol> |   |  |  |
| 11.                                    | 11. I/We declare that the school holds the right to use the child's photo/video for any publicity material.   |   |  |  |
| 1                                      | Does your child have any medical or psychological conditions? Please provide details/relevant documentation.  |   |  |  |
|  |   |   |  |  |
| Pla                                    | ice:  | Parent/Guardian Signature   |  |  |
| Da                                     | te:   | Relationship with the child   |  |  |
| FOR OFFICE USE ONLY                    |   |   |  |  |
|  | Admission Status<br>(on Hold/Admitted/Rejected)   | Trustee / Principal   |  |  |
|  |   |   |  |  |
| TO BE FILLED IN BY ACCOUNTS DEPARTMENT |   |   |  |  |
| Fe                                     | e received Rs.  | Receipt No.   |  |  |
| Da                                     | te:   | Signature of the Accountant   |  |  |