SSR WONDER KIDS SCHOOL (Sponsored by SSR Educational Society, Estd: 2019) Recognized by Govt. of Telangana Plot No.: 6290, BHEL Metro Enclave, Patelguda, Ameenpur, Sangareddy-502319, Telangana. Ph: 9014 7181 50 / 9493 9782 94, www.ssrwonderkids.in												
	ADM	IISSION FO	RM	Paste Recent								
Admission Seeking in: Passport Size												
Nursery	PP-I PP-II Class: I Photograph											
Class: II 📃 🛛 C	lass: III	Class: IV	Class: V	of the student								
Student Informa	ntion (Please use	CAPITAL LETTERS t	o complete the form	1)								
Student Name	:											
(As per birth certificate)												
Date of Birth (As per birth certificate)	:	2 0	Gender: Mal	e Female								
Nationality	:											
Religion	:											
Category	: General	OBC	SC	ST								
Sub Caste	:											
Aadhar No.	:											
Mother Tongue	:											
Other Languages Known:												
Identification Marks : 1												
Residential Address :												

Parent Information

L

	1	a	110	101	a	<u>.IU</u>				Ρ	aste	e Re	cent	:
Father/Guardian										Ρ			Size	
Name	:										C Phot	olou		
												-	ther	
Date of Birth	:]							
Academic Qualification	:													
Profession	:													
Designation	:													
Organisation Name	:													
Annual Income (in Rs.)	:				F	Ph:								
Mother Tongue	:													
Other Languages Known	:													
Aadhar No.	:													
Email	:													
Office Address	:		 					 	 					
Mother/Guardian									Г					
Mother/Guardian										P	aste	Re	cent	:
Mother/Guardian Name	:										assp	oort	Size	
	:									Ρ	assp	oort olou	Size r	
	:									P	assı C Phol	oort olou togra	Size r)
Name Date of Birth	:									P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification										P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession										P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession Designation										P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession Designation Organisation Name										P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession Designation Organisation Name Annual Income (in Rs.)										P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession Designation Organisation Name Annual Income (in Rs.) Mother Tongue						 				P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession Designation Organisation Name Annual Income (in Rs.) Mother Tongue Other Languages Known						 				P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession Designation Organisation Name Annual Income (in Rs.) Mother Tongue Other Languages Known Aadhar No.						 				P	assı C Phol	oort olou togra	Size r aph)
Name Date of Birth Academic Qualification Profession Designation Organisation Name Annual Income (in Rs.) Mother Tongue Other Languages Known						Ph:				P	assı C Phol	oort olou togra	Size r aph)

Siblings Information									
S. No.	Name of the Sibling	Date of Birth	Gender	Class	Name of the School				
1									
2									
Child Medical Information									
Please tell us any medical information that would help us understand your child better									
Child Blood Group: Height in cms: Weight in kgs: Height in kgs:									
Family	y Doctor's Name:		Phor	ne					
Indico	ate any health problem by putti	ing (\checkmark) in the a	ppropria	te boxe	S:				
Co	old Ear In	fections	Ski	n Proble	em Anemia				
Vi	ision Problem Asthm	ia	CN	S Disorc	ler (FITS) Allergies				
H	earing Problem Walkin	ng Problem	Che	est Prob	olem Diabetic				
Sp	peech Impairment 📃 Bladde	er Problem	Hea	art Dise	ase				
Additi	ional medical data:								
<i>Additional Information</i> Please tell us any information that would help us understand your child better (shy, bossy, talkative, quiet, etc.)									
What are your child's special interests, talents and hobbies?									
How much time do you spend with your children per week?									
What kind of service do you expect from us?									
Mention any special needs if your ward requires.									
Do you have time to monitor their academic activities / homework? Yes No <u>Emergency Contact Information</u>									
S. No.	Name of the per			ionship	Mobile Number				
1									
2									

Previous School Information

S. No.	Name of the School	Class	Address
1			
2			

The following particulars to be submitted along with the admission form:

- 1. Photo copy of the Date of Birth certificate of the student
- 2. Passport size photographs of the student (5)
- 3. Passport size photographs of the parents (3 each)
- 4. Photo copy of the Aadhar cards (student and parents)
- 5. Medical report certified by Physician
- 6. Previous school report (if applicable)

DECLARATION

I hereby declare that the information given about my son/daughter _____

_(Name of the student) furnished by me is true and correct.

I am also aware that if the information furnished above is found to false or incorrect, the admission will be cancelled and the student will be withdrawn from the school.

I shall abide by the rules of the school. I will extend my fullest co-operation for the smooth functioning of the school.

Place:

Date :

Father's Signature

Mother's Signature

Guardian's Signature (if applicable)

FOR OFFICE USE ONLY

Personal Educatio	n Number (PEN) :		
Date of Admission	:	Admission No. :	
Grade	:	Section :	
Remarks (if any)	:		
Date :			
Place :			Principal's Signature