



Meenakshi World School

Sector-10A, Gurugram-122001 (NCR), Haryana, INDIA (Telefax: 0124-2210994/2210995)
E-mail : contact@meenakshiworldschool.com, Visit us at: www.meenakshiworldschool.com, www.bloomingbudsmws.com

REGISTRATION-ADMISSION FORM

[Write in Capital Letters]

Application for Admission to
BLOOMING BUDS (✓ whichever is applicable)

Early Blooms / Day Scholar / Day Boarder

Toddlers	Nursery-Mulberry	L.K.G.-Waterlily	U.K.G-Sundrop
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GRADES (✓ whichever is applicable)

Cambridge Primary (G-I to VI) I II III IV V VI	Cambridge Lower Secondary (G-VII & VIII)	IGCSE/CISCE (G - IX & X)	AS & A LEVELS/ISC (G - XI & XII)
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Father Photograph	Mother Photograph	Ward Photograph	Siblings in MPS/MWS Name & Class 1. _____ 2. _____ 3. _____
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INFORMATION OF WARD

Last Name _____ First Name _____ Aadhar Card No.: _____

Gender Male Female Date of Birth D M Y _____ Date of Birth in Words _____ Age as on 30th September, 2019
Years ____ Months ____

Nationality _____ Religion _____ SC/ST Yes No

What system did your last school follow ? British American International Indian Other

Mention the games/sports/extra-curricular activities you have taken part in / are interested in _____

Special Achievements: _____

FAMILY INFORMATION

Father/Guardian :

Name :	Age	Nationality :
Educational Qualifications (Schooling onwards)	Institution/University	Organisation Working for:
1)	Designation:	
2)	Annual Income :	
3)	Office Address & Tel. :	

Mother/Guardian :

Name :	Age	Nationality :
Educational Qualifications (Schooling onwards)	Institution/University	Organisation Working for:
1)	Designation:	
2)	Annual Income :	
3)	Office Address & Tel. :	

In case of single Parent, with whom the ward is living :

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RESIDENTIAL ADDRESS:

CORRESPONDENCE ADDRESS:

Tel.:	Mobile:
Fax:	E-mail:

Tel.:	Mobile:
Fax:	E-mail:

ACADEMIC BACKGROUND:

Previous School :	Final Marks of Previous Year:
	English:
Board to which affiliated :	Hindi:
Years Attended:	Maths:
Any outstanding achievements:	Social Science:
	Science:

- Note:** (1) This Registration Form duly completed should be deposited in the office with in two days from the date of issue of this form.
(2) Incomplete form will not be accepted.
(3) FEES ONCE PAID IS NOT REFUNDABLE OR TRANSFERABLE IN ANY CASE.
(4) Caution money / Security is refundable after 3 months of the date of application on withdrawal of the child from the school, after adjustment of all outstanding dues of the school.

DECLARATION

- I declare that I am in a position to pay prescribed fee and funds and will not ask for any concession. I also ensure to deposit the fee by due date.
- I understand that filling up the Registration form does not mean that my child has been assured admission.
- The information given above is true to the best of my knowledge and belief. If any information is found contrary to the facts, the admission of my ward is cancelled at any stage.
- The School reserves the right to cancel the admission of my ward, if the declaration /certificates submitted at the time of admission are found to be false /improper.
- I, on the behalf of my ward, hereby understand to abide by all the notifications, instructions/circulars issued by the Head of School from time to time.
- The name &date of birth and other particulars of my ward, as mentioned above, are correct and I shall not request for any change at a later stage.
- I hereby certify that my ward and myself shall follow all the rules, regulations and procedures as laid down by the School from time to time.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

LIST OF DOCUMENTS TO BE ENCLOSED WITH THE REGISTRATION FORM:

- Photocopy of Birth Certificate from Municipal Corporation/Municipal Committee (Attested).
- Vaccination Card.
- Certified true copies of the last report card of previous / present class.
- Certificates of merit, if any.
- Transfer Certificate (in case of transfer).
- Address Proof.
- Aadhar Card.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Document Verified: _____

Signature _____

SCHOOL'S CONSENT
Admitted / Not Admitted

Grade : _____

Section: _____

Principal's Signature _____



Meenakshi World School

MEDICAL FORM

[Write in Capital Letters]

Note: Please keep us informed of changes in address and telephone number and also any other information concerning health of your ward relevant to his/her care during school hours.

Photograph
of the Ward

Admission No. _____

FAMILY INFORMATION :

Last Name of the ward

First name of the ward

Gender

Male Female

Date of Birth

D	M	Y
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Grade

Section

Last name of the father

First name of the father

Last name of the mother

First name of the mother

RESIDENTIAL ADDRESS

PHONE NOS.

Res.:
Off.:
Emergency:

MEDICAL INFORMATION:

Blood Group

Immunization Status : (Attach photocopy of Immunization Card)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> BCG | <input type="checkbox"/> Measles |
| <input type="checkbox"/> OPV | <input type="checkbox"/> MMR |
| <input type="checkbox"/> DPT | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Booster for OPV | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Booster for DPT | <input type="checkbox"/> Any other |

Allergies to medicine and food

Birth History Complication / History of major illness, if any :

Signature of Mother/Guardian

Date: _____

Signature of Father/Guardian

Date: _____

Signature of Family Doctor

Regn. No. _____ Tel.: _____

Date: _____



Meenakshi World School

TRANSPORTATION FORM

[Write in Capital Letters]

Admission No. _____

Photograph
of the Ward

School Transport required or not - Yes / No (Please Tick)

We request that our ward whose particulars are given below may be permitted to use the school bus for his/her journey from _____
_____ to Meenakshi World School and vice-versa.

FAMILY INFORMATION :

Last Name of the ward

First name of the ward

Gender

Date of Birth

Grade

Section

Male Female

D M Y

RESIDENTIAL ADDRESS

PHONE NOs.

Res.:

Off.:

Emergency:

UNDERTAKING :

1. We will pay as per the rates in force.
2. We understand that it would be our responsibility to drop and pick-up our child at/from the specified bus-stop.
3. We accept that the bus facility is extended to our ward at our own risk and responsibility. Students will be held responsible for any damage to buses caused by negligence.
4. We understand that our ward will be allowed to travel in the bus only if seat is available on the same.
5. The school will accept a clear calender month's notice for discontinuation of Bus.
6. The drivers are authorised to stop buses at the designated stop only, unless / otherwise directed by the bus incharge. The list of stops is prepared keeping in view the convenience and safety of the students and is subject to change at the discretion of the School Authority.
7. Bus fee will be charged for eleven months in an academic year.
8. For details of Bus route or any issues/ concerns please contact School Transport Incharge.
9. Bus will not wait for late comers.
10. We have read and do hereby consent to the terms and conditions regarding transportation.

Signature of Father/Guardian

Signature of Mother/Guardian

Approved by
Transport Incharge / Principal

Date: _____

Date: _____