

CAVENDISH INSTITUTE

APPLICATION FOR ENTRANCE

To join _____ on _____ [Date]

STUDENT INFORMATION

Surname: _____ First Name: _____

Second Name: _____ DOB: _____ Sex: _____

Nationality: _____ Canteen: _____ Veg: [] Non Veg: []

RESIDENCE & CONTACT

Address: _____

Contact person in case of emergency: _____ Tel No.: _____

OPTIONAL SUBJECT

Hindi [] Urdu [] Tamil [] Marathi [] Cathecism []

Father

Father's Name: _____ Profession: _____ N.I.C No.: _____

Business Address: _____ Tel No.: _____

Mobile No.: _____ Email Address : _____

Mother

Mother's Name: _____ Profession: _____ N.I.C No.: _____

Business Address: _____ Tel No.: _____

Mobile No.: _____ Email Address : _____

ACADEMIC BACKGROUND

Schools attended by applicant

SCHOOL NAME	DATES		CLASS/YEAR/GRADE
	FROM	TO	COMPLETED

OTHER DETAILS

Please list any special needs, learning difficulties or special talents/ gifts/ musical/ artistic etc your child has.

MEDICAL INFORMATIONS

1. Physician Name : _____ Physician No.: _____
2. Clinic/ Hospital : _____
3. Allergies : _____
4. Daily Medications : _____
- Remarks : _____

DOCUMENTS REQUIRED

Please enclose a copy :

- | | |
|------------------------------------------------------------------------|--------|
| 1. Photocopy of Birth Certificate/ Photocopy of Passport | Yes/No |
| 2. Health Card [Copy] | Yes/No |
| 3. Submit 2 passport size photographs of the applicant with this form. | Yes/No |
| 4. Parents's National Identity Card | Yes/No |

PRIVATE TRANSPORT

Parents are required to inform the school in writing of any private transport arrangements they have made for their ward along with a copy of the National Transport Authority [NTA] permit of the transport including the permit holder's name, the bus/van registration number, telephone numbers including mobile and identification number of the driver / transport company.

Contact Person: _____ Reg No. of the Vehicle: _____ Contact No: _____

Parent /Guardian Name: _____

Signature: _____

Date: _____