



# DAFFODILS SCHOOL

(A KIDS SCHOOL)

Regd. No. : S/1L/ 32341

237, Kuch Kuchia Road, Bankura (W.B)

Contact No. : (03242) 252650, 9434224307

## APPLICATION FORM FOR ADMISSION

Name of the child : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_

(enclosed a xerox copy of Birth Certificate)

Address : \_\_\_\_\_

\_\_\_\_\_ Tel. No. : (Resi) \_\_\_\_\_

Name of Father : \_\_\_\_\_

Occupation : \_\_\_\_\_

Business Address : \_\_\_\_\_

\_\_\_\_\_ Tel. No. : \_\_\_\_\_

Father's School & Collage : \_\_\_\_\_

\_\_\_\_\_

Educational Qualification : \_\_\_\_\_

Name of Mother : \_\_\_\_\_

Details of Occupation : \_\_\_\_\_

Business Address : \_\_\_\_\_

\_\_\_\_\_ Tel. No.: \_\_\_\_\_

Mother's School & Collage : \_\_\_\_\_

Educational Qualifications : \_\_\_\_\_

Child's Brother & Sister \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religion : \_\_\_\_\_

Languages Spoken at home : \_\_\_\_\_

Other relatives living with the child : \_\_\_\_\_

\_\_\_\_\_

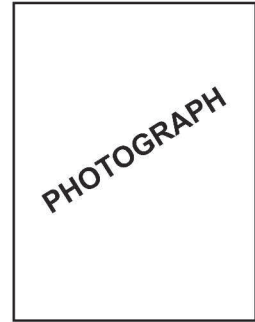
Child's Medical History/Illness/Allergies, if any : \_\_\_\_\_

\_\_\_\_\_

Name & Address of contact person in case of emergency : \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_



### FOR OFFICE USE ONLY

Date of Submission : \_\_\_\_\_

Admitted on : \_\_\_\_\_

Start on : \_\_\_\_\_

Others : \_\_\_\_\_

.....  
**Directress**

Child's Brother & Sister	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

.....  
**Mother's Signature**

.....  
**Father's Signature**