



Sr. No.:

ADMISSION FORM

IBDP

AS & A Level

(Please fill the form with black ballpoint pen and in BLOCK letters only)

Please provide admission in Grade _____ for the Academic year _____.

Applicant's's Name (In Block Letters)

FIRST NAME

MIDDLE NAME

LAST NAME

Grid of 30 empty boxes for name entry.

Date of Birth: [][][][][][]

Place of Birth: [][][][][][][][][][][][][][][][]

Mother Tongue: [][][][][][][][][][][]

Sex : M [] F []

Religion: [][][][][][][][][][][][]

Nationality: [][][][][][][][][][][][][]

Residential: _____

Last School Attended: _____

Class: _____

Class Cleared: _____

Last School Address: _____

Phone No: _____

Reason for change: _____

Father's/Guardian's Details				
Name:		Age:		
DOB:		Qualification:		
Occupation:		Name of Company:		
Designation:		Approx. Annual Income Rs. :		
Work Location:		Phone (landline)		
Mobile 1:		Mobile 2:		
Email:				
Mother's/Guardian's Details				
Name:		Age:		
DOB:		Qualification:		
Occupation:		Name of Company:		
Designation:		Approx. Annual Income Rs:		
Work Location:		Phone (landline)		
Mobile 1:		Mobile 2:		
Email:				
Details of Child's Sibling(s)				
Sr. No	Name	M/F	Age	Education, including name of Present School
1				
2				
3				
4				
Emergency Details				
In Case of Emergency Name 1:		Relationship with Child:		
Phone No:				
Address:				
In Case of Emergency Name 2:		Relationship with Child:		
Phone No:				
Address:				

Do you require food service facility for your child (at an additional charge)?

Yes No

Do you require transportation services for your child (at an additional charge)?

Yes No

Student Health Information

In order to monitor & protect the health of children, Don Bosco International School requires Health /Medical details of your child. This form must be filled & submitted along with the Admission Application Form. (Please complete all four parts of the form). The school will keep & maintain this information as confidential.

Part I

Blood Group:			
Doctor's Details			
Name:			
Mobile No:		Land Line:	

Part II

Health history			
Height (Current in feet & inches):		Weight (Current in Kg):	
Normal Speech: (Please specify if No):		Normal Hearing: (Please specify if No):	
Vision: Left:		Vision: Right:	
Dental History:		Any Infections/ Allergies / Illnesses since birth:	

Part III

Are you under any medication? Yes /No (If yes please provide details).	
Have you had any significant injuries or accidents? Yes/ No (If yes please provide details).	

Part IV

Do you have any learning needs? Yes/ No If yes, please state the nature of the learning need.	
Name of the Agency which has tested the child:	
Please mention the learning support given to you till date.	
If you have any eating & sleeping habits or social / emotional / cognitive or behavioural problems, please indicate	

We certify that the above information given is true and we agree to abide by the rules, regulations and polices of the school.

I have understood and accept the present fee structure stated by the school. I also state that I shall adhere to the annual fee hikes, as and when proposed and implemented by the school, due to anticipated expenses and/or unanticipated expenses incurred by school from time to time.

The Management reserves the right to increase the fee by minimum 10% every year.

Name of Student:

Signature of Student:

Name of Parent/s:

Signature of Father:

Date:

Signature of Mother:

In case of cancellation of admission:-

Admission fees will not be refunded

Security deposit will be refunded without any deduction and without interest

Tuition Fees:-

- i. If admission is cancelled before start of the school year only 50% will be refunded
- ii. If admission is cancelled after start of school year, no refund of tuition fee will be made

If any information provided in the form is false or inaccurate, the school reserves the right to reject the application.

FOR OFFICE USE ONLY

Admitted in Grade: Division on

Transport point: _____

Director



DON BOSCO
INTERNATIONAL SCHOOL

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