

E.S LORDS INTERNATIONAL SCHOOL

ADMISSION FORM

Application No.

2 0 - 2 0

Date of Application

DETAILS OF THE STUDENT

It is mandatory to fill all the fields. Write in BOLD/CAPITAL letters.

ADMISSION TO

NAME OF THE STUDENT

DATE OF BIRTH

DATE

MONTH

YEAR

GENDER

PLACE OF BIRTH

NATIONALITY

RELIGION

AADHAR No.:

RESIDENTIAL ADDRESS

DISTRICT

PINCODE

Affix Student's
Recent Passport Size
Photograph
[35mm x 45mm]

FAMILY HISTORY

Affix Father's/
Guardian's
Recent Passport Size
Photograph
[35mm x 45mm]

Affix Mother's
Recent Passport Size
Photograph
[35mm x 45mm]

NAME

QUALIFICATION

RELIGION

OCCUPATION

ANNUAL INCOME

CONTACT NO.

E-MAIL ID



E.S LORDS INTERNATIONAL SCHOOL

ADMISSION FORM

FAMILY HISTORY

OFFICE ADDRESS

✓ in the appropriate box

OFFICE NO.:

E-MAIL ID

STUDENT IS LIVING WITH BOTH PARENTS

☐

OR

PARENTS

IF OTHER THAN BOTH PARENTS

FATHER

☐

Separated/Divorced

☐

MOTHER

☐

Father deceased

☐

GUARDIAN

☐

Mother deceased

☐

MOTHER TONGUE

LANGUAGE[S] SPOKEN AT HOME

FULL RESIDENTIAL ADDRESS

HOUSE / DOOR NO.:

NAME OF THE HOUSE / LAYOUT / APARTMENT

NAME OF THE STREET / NAGAR

VILLAGE / TOWN

TALUK

DISTRICT

PINCODE

DETAILS OF STUDENT EDUCATION

Current School where the child is studying now

NAME OF THE SCHOOL

ADDRESS OF THE SCHOOL

TELEPHONE NO.



MEDIUM OF INSTRUCTION

SUBJECTS STUDIED



E.S LORDS INTERNATIONAL SCHOOL

ADMISSION FORM

EXCEPTIONAL ACADEMIC ACHIEVEMENT, if any

DETAILS OF SCHOOL ATTENDED

CLASS STUDIED	NAME OF THE SCHOOL	MEDIUM	YEARS ATTENDED

Please tick in the relevant boxes for the following:

HAS YOUR CHILD RECEIVED A DOUBLE PROMOTION?

YES

☐

NO

☐

HAS YOUR CHILD EVER BEEN IDENTIFIED AS GIFTED OR TALENTED?

YES

☐

NO

☐

HAS YOUR CHILD EVER BEEN IN A SPEECH THERAPY, REMEDIAL READING SUPPORT, SPECIAL EDUCATION PROGRAM?

YES

☐

NO

☐

HAS YOUR CHILD EVER BEEN IDENTIFIED AS HAVING A SPECIAL LEARNING DISABILITY?

YES

☐

NO

☐

PLEASE INDICATE THE LEARNING DISABILITY AREA

☐

READING

☐

LANGUAGE

☐

MATHEMATICS

EXTRA-CURRICULAR ACTIVITIES

YOUR CHILD'S HOBBIES / INTERESTS

HAS THE CHILD HAD ANY FORMAL TRAINING IN MUSIC?

YES

☐

NO

☐

TRAINING IN VOCAL MUSIC / INSTRUMENT

If YES, give details of formal training at

HOW MANY YEARS?

HAS THE CHILD HAD ANY FORMAL TRAINING IN DANCE?

YES

☐

NO

☐

If YES, give details



E.S LORDS INTERNATIONAL SCHOOL

ADMISSION FORM

HAS THE CHILD HAD ANY TRAINING / SHOWING INTERESTS IN FINE ARTS

YES

☐

NO

☐

If YES, give details

ANY OTHER SPECIAL ACTIVITY YOUR CHILD IS INTERESTED IN?

MODE OF TRANSPORTATION



in the appropriate box

CHOOSE THE MODE OF TRANSPORT where PICK-UP & DROP-OFF BY

PARENTS

☐

if personal convenience, then, by means of

AUTORICKSHAW

☐

CAR WITH DRIVER

☐

LOCAL BUS

☐

VAN

☐

BICYCLE

☐

NEED SCHOOL TRANSPORT

☐

The School offers no guarantee of School Transport to all areas and is limited to availability of seats and routes.

IF NEEDED,

PLACE OF PICK-UP

PLACE OF DROP-OFF

PLEASE NOTE:

- # Transport is a facility extended to the students of the School and is not a matter of right for parents.
- # The school reserves the right to add or withdraw this facility on any of these routes with due notice to the parents.
- # The routes can also be changed in case of repair of the roads etc. by civic authorities and no advance notice will be given to the parents or students in this regard. Such changes will remain operative till the time when the road is declared open and safe by the authorities.

DECLARATION

I hereby give my consent to send my ward through the School bus for the present academic year and the details given above are true to my knowledge.

SPECIMEN SIGNATURE
OF THE FATHER/GUARDIAN

SPECIMEN
SIGNATURE OF THE MOTHER



E. S LORDS INTERNATIONAL SCHOOL

STUDENT'S HEALTH RECORD

DETAILS OF THE STUDENT

2 0 - 2 0

Write in BOLD/CAPITAL letters.

NAME OF THE STUDENT

DATE OF BIRTH

DATE

MONTH

YEAR

AGE

YEARS

MONTHS

GENDER

Affix Student's
Recent Passport Size
Photograph
[35mm x 45mm]

HEALTH STATUS

BLOOD GROUP

TYPE

WEARING GLASSES

YES

NO

IS YOUR CHILD ALLERGIC TO ANYTHING?

YES

NO

IF YES, WHAT IS YOUR CHILD ALLERGIC TO?

WHAT IS THE REACTION?

WHAT IS THE TREATMENT?

DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES / ANY MEDICAL CONDITION THE SCHOOL SHOULD KNOW ABOUT?

YES

NO

IF YES, PLEASE DESCRIBE

IS YOUR CHILD CURRENTLY UNDER MEDICATION/TREATMENT?

YES

NO

PLEASE INDICATE THE TYPE AND PURPOSE

FOR YOUR INFORMATION:

Any medication to be administered at School requires a prescription from the medical practioner treating your child. The prescription on the Doctor's letter head, bearing the child's name and the medicines prescribed with the requisite dosage should also be submitted.

HISTORY OF IMMUNIZATION



in the appropriate box

Please attach an immunization report signed and attested by a Doctor.

DIPHTHERIA

HEPATITIS A

ENCEPHALITIS

WHOOPING COUGH

TETANUS

HEPATITIS B

RABIES

TUBERCULOSIS

INFLUENZA

POLIO

MUMPS / MEASLES / RUBELLA



E. S LORDS INTERNATIONAL SCHOOL

STUDENT'S HEALTH RECORD

DETAIL INFORMATION OF ADDITIONAL CONTACT IN CASE OF EMERGENCIES

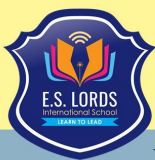
NAME	<input type="text"/>																			
MOBILE NO.:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-MAIL	<input type="text"/>																			

FULL RESIDENTIAL ADDRESS

HOUSE / DOOR NO.:	<input type="text"/>								
NAME OF THE HOUSE / LAYOUT / APARTMENT	<input type="text"/>								
NAME OF THE STREET / NAGAR	<input type="text"/>								
<input type="text"/>									
VILLAGE / TOWN	<input type="text"/>								
TALUK	<input type="text"/>								
DISTRICT	<input type="text"/>	PINCODE	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

By completing this form we acknowledge that in the case of an emergency and when parents/ guardians are inaccessible, we grant permission to obtain immediate appropriate medical help for our child on the understanding that we will be notified as soon as possible.

<input type="text"/>	<input type="text"/>
SIGNATURE OF THE FATHER / GUARDIAN	SIGNATURE OF THE MOTHER



E.S LORDS INTERNATIONAL SCHOOL

PERSONAL MEMORANDUM OF THE STUDENT

2 0 - 2 0

DETAILS OF THE STUDENT

Write in BOLD/CAPITAL letters.

CLASS

NAME OF THE STUDENT

DATE OF BIRTH

DATE

MONTH

YEAR

PREVIOUS SCHOOL STUDIED

RELIGION

CASTE

LIVING WITH

PARENTS

GUARDIAN

Affix Student's
Recent Passport Size
Photograph
[35mm x 45mm]

STUDENT PERSONAL IDENTIFICATION MARKS

CONTACT NO.

FATHER

PERSONAL AND
OFFICE

MOTHER

PERSONAL AND
OFFICE

MEDICAL DETAILS

BLOOD GROUP

ALLERGIC TO

HEALTH COMPLICATIONS (if any)

Kindly attach the photocopies of medical reports in case of Health complications.

The details given above are true to my knowledge.

Signature of the Parent



E.S LORDS INTERNATIONAL SCHOOL

PHYSICAL EDUCATION

2 0 - 2 0

Write in BOLD/CAPITAL letters.

CLASS

NAME OF THE STUDENT

DATE OF BIRTH

DATE

MONTH

YEAR

AGE

HEIGHT

WEIGHT

BMI

INTERESTED IN SPORTS

YES

NO

If YES

NAME OF THE SPORT

If NO

REASON / HEALTH COMPLICATION

Affix Student's
Recent Passport Size
Photograph
[35mm x 45mm]

I hereby agree to participate in any sport activity conducted by the school inside or outside Villupuram.

Signature of the Student

I hereby agree to send my ward to participate in any sport activity conducted by the school inside or outside Villupuram. I hereby confirm that his / her health is in good condition to participate.

Signature of the Parent



E.S LORDS INTERNATIONAL SCHOOL

ANNEXURE-I

FINE ARTS DEPARTMENT

2 0 - 2 0

Write in BOLD/CAPITAL letters.

CLASS

NAME OF THE STUDENT

DATE OF BIRTH

DATE

MONTH

YEAR

AGE

YOUR CHILD'S HOBBIES/ INTERESTS

Affix Student's
Recent Passport Size
Photograph
[35mm x 45mm]

HAS THE CHILD HAD ANY FORMAL TRAINING

YES

NO

If YES, give details of formal training at

HOW MANY YEARS?

I hereby agree to participate in any cultural activity conducted by the school inside or outside Villupuram.

Signature of the Student

I hereby agree to send my ward to participate in any cultural activity conducted by the school inside or outside Villupuram. I hereby confirm that his / her health is in good condition to participate.

Signature of the Parent



E.S LORDS INTERNATIONAL SCHOOL

ANNEXURE-II

TRANSPORT DEPARTMENT

2 0 - 2 0

Write in BOLD/CAPITAL letters.

CLASS

NAME OF THE STUDENT

DATE OF BIRTH

DATE

MONTH

YEAR

AGE

CONTACT DETAILS

CONTACT PERSON	MOBILE NUMBER	OFFICE NUMBER	HOME NUMBER
MOTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>
FATHER	<input type="text"/>	<input type="text"/>	<input type="text"/>
GUARDIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>

Affix Student's
Recent Passport Size
Photograph
[35mm x 45mm]

APPROXIMATE DISTANCE BETWEEN SCHOOL AND HOME (in kms)

CHOOSE THE MODE OF TRANSPORT : WITH PARENTS ☐

AUTORICKSHAW ☐

CAR WITH DRIVER ☐

LOCAL BUS ☐

VAN ☐

BICYCLE ☐

NEED SCHOOL TRANSPORT ☐

PICK UP POINT OF THE STUDENT

DROP OFF POINT OF THE STUDENT

PERSON IN CHARGE OF COLLECTING THE WARD FROM THE PICKUP/DROP OFF POINT

PLEASE NOTE:

#Transport is a facility extended to the students of the School and is not a matter of right for parents.

#The school reserves the right to add or withdraw this facility on any of these routes with due notice to the parents.

#The routes can also be changed in case of repair of the roads etc. by civic authorities and no advance notice will be given to the parents or students in this regard. Such changes will remain operative till the time when the road is declared open and safe by the authorities.

I hereby give my consent to send my ward through the School bus for the present full academic year and the details given above are true to my knowledge.

Signature of the Parent/Guardian