



No.

B-7/136, Kalyani, Nadia
Phone : 09903895535 / 25820231
E-mail : tulipkid@gmail.com, Web : www.tulipskids.org

ENROLMENT APPLICATION

(TO BE FILLED IN BY THE PARENTS / GUARDIAN)

APPLICATION FOR ENROLMENT IN TERM : _____

AND CLASS : _____

STUDENT INFORMATION

NAME :

ADDRESS :

CONTACT NO. :

DATE OF BIRTH : SEX : (M / F)

D D M M Y Y Y Y

AT PRESENT IN CLASS AT : SCHOOL

SCHOOL ADDRESS

FATHER'S NAME OCCUPATION

ADDRESS (IF NOT ABOVE)

MOTHER'S NAME OCCUPATION

ADDRESS (IF NOT ABOVE)

OTHER INFORMATION

MENTION DETAILS OF DISABILITY ETC. ALLERGIES ETC. OF THE STUDENT

MEDICALLY FIT CERTIFICATE :

IF THE CHILD IS SUFFERING FROM ANY CHRONIC DISEASE YES NO (PLEASE ✓)

BLOOD GROUP OF THE STUDENT

PERSON TO CONTACT IN AN EMERGENCY (OTHER THAN PARENTS) :

NAME CONTACT NO.

ADDRESS

DATE

.....
SIGNATURE OF FATHER / GUARDIAN

PLEASE ENCLOSE : XEROX COPIES OF THE FOLLOWING DOCUMENTS OF THE STUDENTS

1. BIRTH CERTIFICATE
2. CERTIFICATE OF BLOOD GROUP / DISCHARGE CERTIFICATE
3. PHOTO ID PROOF OF THE GUARDIAN
4. 3 STAMP SIZE PHOTOS
5. VACCINATION CARD