

16-2-705/1/12, Professor's Colony, Andhra Colony, Malakpet, Hyderabad,  
 Telangana 500 036 (M) +91 092462 46406, (E) ahpsmalakpet@yahoo.com

**APPLICATION FORM FOR ADMISSION 20 - 20**

Affix  
Photograph  
of Father

Affix  
Photograph  
of Mother

Affix  
Photograph  
of Student

**Note: Please use capital letters only.**

 Admission required for Class  Second Language  Third Language 

I / We \_\_\_\_\_ and \_\_\_\_\_

wish to admit my / our son / daughter / ward whose particulars are given below as a day scholar at Academic Heights Public School

**A. STUDENT INFORMATION**

 First Name  Middle Name  Last Name 

 Gender  Male  Female  
 Date of Birth          
D D M M Y Y Y Y Place of Birth 

 Blood Group  Religion 

 Nationality  Aadhaar No 

 Community SC/ST  OBC  GEN  Others 

 Languages known  Mother Tongue 
**B. DETAILS OF PREVIOUS STUDY**

Year	School	Standard / Grade	Grade Marks obtained in final exams

**C. FAMILY INFORMATION**
**Father / Guardian**

Name :	Age :	Nationality:
Educational Qualification:	Institution :	
Occupation:	Office Address :	
Designation:		
Annual Income:	Tel.:	
Aadhaar No. :	E-mail:	

**OFFICE USE ONLY**

Application. No: \_\_\_\_\_

Enrollment No. \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_

Entered By. \_\_\_\_\_ Admitted By \_\_\_\_\_

Actual Fee \_\_\_\_\_ Discount \_\_\_\_\_ Approver Sign: \_\_\_\_\_

Reason for Concession \_\_\_\_\_

**Father / Guardian**

Residential Address	Permanent Address

**Mother / Guardian**

Name :	Age :	Nationality
Educational Qualification:	Institution :	
Occupation:	Office Address :	
Designation:		
Annual Income:	Tel.:	
Aadhaar No. :	E-mail:	
Sibling Details.:		

Residential Address	Permanent Address

Are you willing to volunteer actively in any school event Yes  No  Specify if any \_\_\_\_\_  
 Any important info about the child to be mentioned by the parent \_\_\_\_\_

**D. ENCLOSURES (All documents are mandatory at the time of admission)**

- Birth Certificate
- Transfer Certificate - Original if applicable
- Vaccination Card copy
- Blood Group Report
- Passport size photographs of child (3 copies)
- Previous medical history if any
- Special children with learning difficulties: \_\_\_\_\_

**Note:** Documents must be self attested and need to be submitted along with duly filled application form.

Any additional information about Child: \_\_\_\_\_  
 \_\_\_\_\_

I / We \_\_\_\_\_ do hereby  
 by undertake that the information provided by me / us is true and correct to the best of my / our knowledge. Further I / we promise to  
 abide by the rules and regulations set by the school management and I / we promise to pay the required fees on behalf of my / our ward  
 whenever asked by the School Authority.

Signature of Parent

Principal / Vice Principal Remarks

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Verified & Approved  
 Date \_\_\_\_\_

Signature of Principal  
 Academic Heights Public School

Distance From School (in Kms)  Preferred Phone Number for school SMS

Emergency Contact No.(Res/Mobile)  Name of the person to be contacted  Relationship