



KARAUMBIAH'S ACADEMY FOR LEARNING AND SPORTS

Composite Pre-University College

P.B. No-23 Kaikeri Gonikoppal, Kodagu -571213, Karnataka

ADMISSION & REGISTRATION FORM

For office use only

Roll no _____

DOA _____

Admission Granted

Yes _____

No _____

Provisional _____

Application No:

For the academic year 20____ - 20____

Combination: Commerce Science I PUC II PUC

Boarding Non - Boarding

Please complete each section in **BLOCK LETTERS** using **BLACK** or **BLUE INK ONLY**

SECTION I - CHILD'S PERSONAL DETAILS

1. Full Name.....
(as given in Birth certificate / TC):

2. Sex: Male Female

Candidate's photo(6nos)with white background

3. Date of Birth:..... 4. Place of Birth:.....

5. Nationality:..... 6. Mother tongue:.....

7. Father's Name:..... 8. Mother's Name:.....

Address:..... Address:.....

.....

.....

Occupation:..... Occupation:.....

Mobile:..... Mobile:.....

Phone (R):..... Phone (R):.....

Phone (O):..... Phone (O):.....

Fax:..... Fax:.....

E-mail:..... E-mail:.....

9. State the complete age as on 1st June 20____: ____ Years ____ months

10. Details of Previous Schooling :-

Name of the School :.....

Affiliated to (ICSE/ CBSE / SSLC) board :

Medium of Instruction :

Particulars of the Examination Passed (copy of the marks card should be enclosed)

Examination Passed	Year	Reg. No:

Language & Subject Studied in X Grade	Marks Obtained
Language	
1.
2.
Core Subject	
1.
2.
3.
4.
5.
6.
7.
	Total Marks..... %.....

11. Language & Optional Subject sought in PUC :

COMMERCE	SCIENCE
Language I : English <input type="checkbox"/> Language II: Kannada <input type="checkbox"/> or Hindi <input type="checkbox"/>	Language I : English <input type="checkbox"/> Language II: Kannada <input type="checkbox"/> or Hindi <input type="checkbox"/>
1. EBAC <input type="checkbox"/>	1. PCMB <input type="checkbox"/> 2. PCMC <input type="checkbox"/>

12. Details of Sibling:

Name	Age	School/College	Standard/Course

13. Is the student a Non –resident Indian? If so give details:

Passport No..... Date and place of issue.....

Date of Expiry.....

Visa or resident permit details (where applicable, foreign students must have student visa / PIO card / OCI card)

SECTION II - CHILD’S HEALTH

14. a. History /serious illness if any, with dates:.....

b. Present condition.....

c. Physical weakness / allergy that requires special attention :

.....

d. Any other emotional related concerns you would like to share:

.....

.....

.....

SECTION III - TRANSPORTATION (Not applicable for boarders)

15. Transportation: School bus..... / Private.....

If school bus: Pick up and drop off point..... (the school bus may not ply to all chosen points therefore parents must drop ward/s to the nearest point)

SECTION IV – CHILD’S PREPARATION FOR BOARDING

16. Your child coming to KALS for the first time may face many new demands – having to look after themselves and their belongings , managing their daily routine , studies ,group living , restricted TV , monitored computer related activity ,not eating fast food etc., Would appreciate if you can list some of the ways your child is prepared for a boarding environment.

His/ Her –Aptitudes / Interest / Temperament / personality and Academic Profile:.....

.....

.....

.....

.....

SECTION V – CHILD’S GUARDIAN:

17. Details of Local guardian : (boarders only / non boarders if applicable)

Name	Relationship	Address	Contact no & email id (Mobile, Res and Office nos)

SECTION VI – PARENT INFORMATION: {Tick appropriate column}

Applicant lives with? Father Mother Both Others

Where admission materials should be sent? Father Mother Both Others

Where circulars should be sent? Father Mother Both Others

Specify “Others” with contact details.....

Parents: Divorced Separated Not applicable

State legal custody of the child.....

***Attach copy of court orders**

DECLARATION

I SOLEMNLY DECLARE AND AFFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF ANY INFORMATION PROVIDED BY ME IN THIS APPLICATION IS FOUND TO BE WRONG, MY WARD SHALL BE DEBARRED FROM ADMISSION OR WILL BE DISCHARGED FORTH WITH.

I HAVE ALSO TAKEN NOTE THAT ONCE THE ADMISSION PROCESS IS COMPLETED AND PAYMENT OF TUTION, BOARDING FEES AND ANY OTHER NON REFUNDABLE DEPOSIT HAS BEEN MADE, AS PER SCHOOL POLICY IT WILL NOT BE REFUNDED.

Name of the Father/ Guardian:.....

Signature of the Father/ Guardian:.....

Name of the Mother / Guardian:.....

Signature of the Mother/ Guardian:.....

Date:.....

Place:.....

CHECK & ENSURE THE FOLLOWING ARE ATTACHED: Incomplete forms will not be considered. Submission of this form does not guarantee an interview call.

- | | |
|---|----------|
| 1) Recent pass port size photograph of the Child (6nos). | Yes / No |
| 2) Proof of date of birth. | Yes / No |
| 3) Transfer Certificate. | Yes / No |
| 4) Previous three years – school report. | Yes / No |
| 5) Adhar card of the students | Yes / No |
| 6) Income & Caste certificate. | Yes / No |
| 7) Address proof of the Parents. | Yes / No |
| 8) Parents pass port size photograph with signatures at the back. | Yes / No |

Health Card

Name:.....

Sex:..... Date of Birth:..... Blood Group:.....

Address:.....

Phone nos:..... E-mail :.....

Allergy (if any):..... Yes No

Date of Examination:.....

Family History of Diabetes, Hypertension, Heart Disease,

Others:.....

Vaccines:.....

General

Height :..... Weight:.....

ENT

Anemia (mild ,moderate, severe or nil):.....

Skin allergy if any:.....

Respiratory System:.....

Cardio vascular system:.....

Abdomen:.....

Nervous System:.....

Epilepsy:.....

Eyes:

Right:..... Left:.....

Using spectacles specify reasons:.....

Allergic to any Medicine (in history).....

.....

.....

Any Surgery undergone:.....

Important findings:.....

.....

* Document to be submitted for serious health issue

Dental Examination:

i. Extra – oral :.....

ii. Intra – oral:.....

a) Tooth Cavity:..... b) Plaque:.....

c) Gum inflammation:..... d) Stains:.....

e) Tarter:..... f) Bad breath:.....

g) Soft tissue:.....

Dates of preventive inoculation:

1).

2).

3).

Remarks:.....

.....

Child Accompanied by: Father Mother Others

Date of Examination:

Medical officer’s name

Signature with seal

Consent Form

- 1) We have given our consent for our child to take part in the school weekly swimming training programme and other sports related programe. Yes No

- 2) From the Medical Health report and doctors advice my child will not be able to actively participate in sport activity - (tick if applicable)

I authorize the Institution / Coaches / Instructor to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of my child.

Name of Father / Gurdian _____

Signature of Father / Guardian _____

Name of Mother / Guardian _____

Signature of Mother / Guardian _____

Date:.....

