



Vivitsu Education

Mother Toddler / Playgroup (M & E) / After School / Summer Camp
PLOT NO. 163, VIJAY GARDEN, CIRCUIT HOUSE ROAD, JODHPUR, RAJASTHAN – 342001
vivitsueducation@gmail.com / www.vivitsueducation.com / +91 9928394444

ADMISSION FORM

(Please Fill In BLOCK LETTERS)

Admission No. _____

Application No. _____

AFFIX PHOTO OF
MOTHER

AFFIX PHOTO OF
FATHER

AFFIX PHOTO OF
CHILD

We, _____ and, _____ desire to have our son /
daughter whose particulars are given below are admitted in your school.

INFORMATION OF THE CHILD

Student's Name _____

Gender MALE FEMALE

Date of Birth _____ Age _____ Blood Group _____ Religion _____

Class for which admission is sought

Preferred Phone Number for school SMS / Messenger

FAMILY INFORMATION

Mother's Name _____ Education Qualification _____

Mother's Occupation _____ Mobile No. _____

E-mail address _____

Father's Name _____ Education Qualification _____

Father's Occupation _____ Mobile No. _____

E-mail address _____



RESIDENTIAL ADDRESS

| |
|--|
| |
| |
| |

CORRESPONDENCE ADDRESS

| |
|--|
| |
| |
| |

Areas in which you could contribute to enrich school life in terms of time, skills etc.

Please tick:

| | | | | | |
|----------|--------------------------|-----------|--------------------------|--------------------|--------------------------|
| Cultural | <input type="checkbox"/> | Medical | <input type="checkbox"/> | Media | <input type="checkbox"/> |
| Sports | <input type="checkbox"/> | Academics | <input type="checkbox"/> | Outdoor Activities | <input type="checkbox"/> |

TRANSPORTATION INFORMATION

Transportation Required YES NO

DECLARATION

I have read all the rules and regulations and I agree to abide by them and the instructions given by the school organisers and all the time during the school. In case of any injury, sickness, accident, death or any other casualty or loss of valuable/luggage, myself, my parents, my guardians, relatives and friends shall not hold the organization, the school organizing committee, the instructors, the organisers, any other staff, wholly or partially, either individually or jointly responsible. I am aware that only first aid is available on school site and in case of any injury or sickness, I am ready to take medical treatment from doctor/attendant, if available on school site and/or from the nearest available medical Centre/hospital. The expenses for the same will be borne by me. I permit the usage of my ward's photographs / videos for school purposes in any media. I hereby certify that my ward and I shall follow all the rules, regulations & procedures laid down by school from time to time.

MOTHER'S SIGN _____ FATHER'S SIGN _____

DATE _____

FOR OFFICE USE ONLY

Documents Submitted along with the Form:

| | | |
|--|----------------------------|----------------------------|
| 1. Birth Certificate | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Wellness Record | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Child Stamp size photographs (2 Copies) | <input type="checkbox"/> Y | <input type="checkbox"/> N |

Admission Coordinator

Principal



WELLNESS RECORD

(Please Fill In BLOCK LETTERS)

INFORMATION OF THE CHILD

Student's Name _____

Class _____ Gender MALE FEMALE

Date of Birth _____ Age _____ Blood Group _____

Height _____ Weight _____ Kgs.

Identification Marks _____

Any allergy / ailment / injuries / physical disability _____

AFFIX PHOTO OF
CHILD

IMMUNIZATION COVERED

Poliomyelitis (Polio) Yes No

Diphtheria / Pertussis / Tetanus (Triple Antigen) Yes No

Measles / Mumps / Rubella (M.M.R) Yes No

Tuberculosis (B.C.G) Yes No

Hepatitis B Yes No

Hepatitis A) Yes No

Others, Kindly Specify _____

Does the student have a history of

Congenital Abnormality Yes No

Rheumatic Heart Disease Yes No

Bronchial Asthma Yes No

Epilepsy Yes No

Diabetes Yes No

Hypertension Yes No

Tuberculosis Yes No

Is the child fit & able to participate in sports & expedition? Yes No

Any Remark specified by the Doctor _____

I, Dr. _____, have examined Master / Miss _____ thoroughly and state that he / she is medically fit to join the school.

Date

Place

Signature of Doctor (with Seal)

