



The FFNS School & College

(Session _____)

We _____ and _____ desire to have our (son/daughter/ward) whose particulars are given below admitted at FFNS.

We desire to (admit our son/daughter/ward) whose particulars are as follows.

Section 1 Information of the Child

- First Name: Last Name:
- Gender: Male Female Date of Birth:
- D.O.B in words:
- Religion: Nationality:
- Languages known:
- Residential address Correspondence address

Tel:
Mobile:
E-Mail:

Tel:
Mobile:
E-Mail:

- Distance from school (in km):
- Preferred phone number for School SMS
- Preferred method of contact: Phone call Text message Email

Emergency contact number	Name of the person to be contacted	Relationship

Section 2
(Family Information)

➤ **Father's Name:** _____ **Occupation:** _____

• **Home Address (If different from child's):** _____

• **Phone:** _____, _____, _____

• **Email:** _____

• **Age:** _____, **Nationality:** _____

• **Educational qualification:** _____

• **Institution:** _____

• **Designation:** _____

• **Office address:** _____

• **Office Tell:** _____, _____, _____

➤ **Mother's Name:** _____ **Occupation:** _____

• **Home Address (If different from child's):** _____

• **Phone:** _____, _____, _____

• **Email:** _____

• **Age:** _____, **Nationality:** _____

• **Educational qualification:** _____

• **Institution:** _____

• **Designation:** _____

• **Office address:** _____

• **Office Tel:** _____, _____, _____

➤ **Name and classes of any brothers/Sisters already attending the school.**

• **Name:** _____ **Relation:** _____ **Class:** _____

• **Name:** _____ **Relation:** _____ **Class:** _____

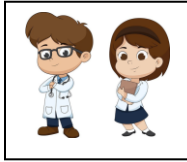
• **Name:** _____ **Relation:** _____ **Class:** _____

• **Name:** _____ **Relation:** _____ **Class:** _____

• **Name:** _____ **Relation:** _____ **Class:** _____

• **Name:** _____ **Relation:** _____ **Class:** _____

Section 3
(Medical Report)



- Blood group: _____ Height: _____ Weight: _____ (kg)
- History of any illness/prolonged illness: _____

- Asthma: _____ Epilepsy: _____
- Additional information/ Prescription: _____
- Any significant condition of the child the school needs to be aware of: _____

- Child's vaccination record (tick below if applicable)

	Yes	No		Yes	No
BCG	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	<input type="checkbox"/>
DTP	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>

➤ Is your child allergic to?

a. Any medicine: _____

b. Any food: _____

c. Anything else: _____

• Does your child wear spectacles: Yes No

➤ Are there any concerns of?

a. Hearing loss or difficulties: _____

b. Vision difficulties: _____

c. Speech difficulties: _____

• Do you allow School canteen for food: Yes No

➤ Parents Remarks/suggestions: _____



Parent's Signature

Section 4
(Academics Information)

- Class in which admission to be sought: _____
- Name of school last studied: _____
- Previous Class: _____ Final Marks: _____ Percentage: _____
- Reason of getting admission at FFNS:

- Does your child possess computer knowledge?

- Your child inspirations is:

- The profession which your child wants to adopt:

- The profession which you want your child to adopt:

- Are you willing to cooperate with school & teachers?

- Will you visit school every month for progress acknowledgement?

Section 5 (Parent checklist)
Speech/Language (Only for Pre-School)

➤ Your input will help us to understand your child’s speaking skills. Please check the following.

S.No	My child	Yes	Sometimes	No
1	Respond to his/her name			
2	Says 10 words			
3	Is learning new words every week			
4	Repeats new words			
5	Says 50 words			
6	Puts two words together			
7	Gets my attention with words			
8	Rejects/ says no			
9	Ask question with his/her tone of voice			
10	Takes turn in a “conversation”			
11	Ask for help			
12	Says 3-4 words sentences			
13	Is understood by family members			
14	Is understood b family adults			
15	Is understood by unfamiliar adults			
16	Follows one step directions			
17	Follows two step directions			
18	Listens to a short picture book			
19	Names pictures in a book			
20	Answer “yes/no” questions			
21	Answer “wh” questions			
22	Asks “yes/no” questions			
23	Asks “wh” questions (what, where, why, how)			
24	Uses pronouns correctly (I, we, me)			
25	Know some songs or nursery rhymes			
26	Participate in pretend play			

Rate your concern for your child’s communication skills.

None
 1
 2
 3
 A lot

What other information do you think would be helpful for this evaluation?

Parent’s Signature