



PAILAN WORLD DAY SCHOOL

ADMISSION FORM FOR THE YEAR 20.....

NURSERY – VII

Campus : Bengali Pailan Park, Phase II I, Near IIM Joka, Amgachia Road, Kolkata 700 104

West Bengal , Ph : 033 2497 8556, **Mobile – 8017983805 / 6292293810**

Email : pailanworlddayschool@gmail.com, Website : www.pailanworlddayschool.org

Form No Date of Admission

Grade in which Admission is sought:

STUDENT'S INFORMATION

Name	<input type="text"/>			
Sex	<input type="text" value="M / F"/>	D.O.B. - <input type="text"/>	BLOOD GROUP - <input type="text"/>	
Caste	<input type="text" value="SC-"/>	<input type="text" value="ST-"/>	<input type="text" value="OBC-"/>	<input type="text" value="GEN-"/>
Nationality	<input type="text"/>	Aadhar Card No	<input type="text"/>	
Passport Number	<input type="text"/>			
Present Address	<input type="text"/>			
Permanent Address	<input type="text"/>			
Second Language	<input type="text" value="HINDI -"/>	<input type="text" value="BENGALI -"/>	House	<input type="text"/>

ENROLMENT PREFERRED

<input type="text" value="Day Boarding -"/>	<input type="text" value="Weekly Boarding -"/>	<input type="text" value="Monthly Boarding -"/>
School Transport Required	<input type="text" value="Yes -"/>	<input type="text" value="No -"/>

EDUCATIONAL BACKGROUND

Previous School	City	Country	Medium of Instruction	Period Year / Months	Grade Completed

*Please provide Xerox copies of Birth Certificate, Aadhar Card, Passport (if any), Caste Certificate, Address proof, report card of last attended school, medical history, three passport sized photographs and transfer certificate of the student.

Food Preference:

Vegetarian -

Non Vegetarian -

As a day boarder would your child like to attend "Remedial Classes" earmarked for the residential students.

Yes -

No -

FAMILY HISTORY

Father's Full Name: _____

Phone / Mobile No : _____ E mail ID : _____

Qualification : _____

Occupation : _____

Designation : _____

Organisation : _____ Mobile no: _____

Mother's Full Name: _____

Phone / Mobile No : _____ E mail ID : _____

Qualification: _____

Occupation: _____

Designation: _____

Organisation : _____ Mobile no : _____

Local Guardian's Full Name: _____

Phone / Mobile No : _____ E mail ID : _____

Qualification: _____

Occupation: _____

Designation: _____

Organisation: _____ Mobile no _____

SIBLINGS' DETAILS

SI No	First Name	M/F	Age	Grade	School
1					
2					
3					

Father's recent
stamp size
photograph

Mother's
recent stamp
size
photograph

Local Guardian
recent stamp
size
photograph

Father's Signature

Mother's Signature

Local Guardian Signature

FOR OFFICE USE ONLY

Application received on _____ Receipt No _____

Draft /Cheque No _____

Please provide Xerox copies of Aadhar Card, Passport (if any), Driving License, PAN Card, Voter ID Card and One photograph of father, mother and local guardian.



PAILAN WORLD DAY SCHOOL

Plot # B 187-206, Phase III, Bengal Pailan Park, Kolkata 700104

MEDICAL FORM

PERSONAL INFORMATION (filled on)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of the student in full _____

Sex _____ Date of Birth _____ Grade _____

EMERGENCY CONTACT DETAILS

Person to call _____

Relationship _____ Tell Nos. To call _____

Family Doctor's name _____ Tell No. _____

GENERAL INFORMATION

Height _____ Weight _____ Blood Group _____

VISION

Does your child wear spectacles/ contact lens: **Yes/No**

If yes, please give details and attach prescription _____

Is your child colour blind: **Yes/No**

If yes, please give details _____

ENT

Does your child have any type of hearing problem: **Yes/No**

If yes, give details _____

DENTAL

Has your child been recently checked by a dentist: **Yes/No**

If yes please furnish details and advice _____

INFECTIOUS DISEASES

Has your child suffered from the following ✓ applicable):

Measles ☐ Chicken Pox ☐ Mumps ☐ whooping cough ☐ Viral Hepatitis

Malaria ☐ Typhoid ☐ Tetanus ☐ Poliomyelitis ☐ Diphtheria

SERIOUS ILLNESS

Has your child suffered from any serious illness in the past: **Yes/No**

If yes, give details including year, diagnosis, treatment etc. _____

Please use additional sheet if necessary

CHRONIC AILMENTS

If your child suffering from any chronic ailments: **Yes/No** if yes give details including diagnosis, investigation treatment etc. Please use additional sheet if necessary _____

PSYCHIATRIC ILLNESS

Does your child have any past history of psychiatric illness: **Yes/No**

If yes, give details –including those of treatment _____

Please use additional sheet if necessary

RECENT ILLNESS

If applicable, give full details _____

Please use additional sheet if necessary

ALLERGIES

Is your child allergic to anything: **Yes/No**

If yes, what is your child allergic to? _____

What is the reaction? _____

What is the treatment? _____

ASTHAMA

Does your child have asthma: **Yes/No**

If yes, please enclose a complete Asthma Management Plan.

EPILEPSY

Does your child have epilepsy: **Yes/No**

If yes, please provide details _____

BLEEDING DISORDER

Is your child suffering any bleeding disorder (e.g. haemophilia): **Yes/No**

If yes, please provide details _____

THALASSAMIA

Does your child have thalassemia: **Yes/No**

If yes, please give details _____

CONGENITAL HEART DISEASE

Does your child have any type of congenital heart disease: **Yes/No**

If yes, please provide details _____

PRESENT HEALTH CONDITION

Whether your child is fit and able to participate in sports and games: **Yes/No**

If no, please give details _____

HISTORY OF IMMUNIZATION

Please state the date of the last vaccination for: Diphtheria _____

Tetanus _____

Whooping Cough _____

Hepatitis A _____

Hepatitis B _____

Influenza _____

Encephalitis _____

Rabies _____

Tuberculosis _____

Polio _____

Mumps/Measles/Rubella _____

OTHER INFORMATION

Any other information relating to health of your child that you wish to put on record.

Responsibility in an emergency (*Please read carefully*):

In an emergency, I authorize the school to provide consent for medical attention for my child. I agree to my child receiving such medical or surgical treatment as deemed necessary by the medical authorities. I understand that critical health information which will impact my child's education or well-being will be given to persons responsible for my child's care.

Signature of Parent _____

Date _____

Signature of Medical Practitioner _____

Date _____



PAILAN WORLD DAY SCHOOL

BOARDING FORM

Plot # B 187-206, Phase III, Bengal Pailan Park, Kolkata

Applicant's recent
passport size
photo.

Application No. _____ Session _____

STUDENT'S NAME IN FULL _____

Date of Birth. _____ Grade/Class _____

Sex _____ Nationality _____ Religion _____

Passport No. _____ Indian Passport ☐ Foreign Passport ☐

Permanent Address _____

_____ Phone No. _____

Local Address (if any) _____

_____ Phone No. _____

LOCAL GUARDIAN'S DETAILS:

Name _____

Relationship. _____

Residential Address. _____

Phone No. _____ E-mail ID _____

Occupation. _____ Name of Organisation _____

_____ Designation _____

Office Address _____

_____ Phone No. _____

Mobile No. _____ Fax No. _____

APPLICANT'S DISPOSITION:

PLEASE ✓ THE RELEVANT BOXES

Adjust to new situations with ease ☐ Has a small group of friend ☐

Likes to be active in school ☐ Has many friends ☐

PLEASE ✓ THE DESCRIPTION THAT DESCRIBES THE APPLICATION

Very Active ☐ Very Quiet ☐ Average ☐ Shy ☐ Aggressive ☐

Stubborn ☐ Above average ☐ Sociable ☐ Other ☐

Specify _____

Has your ever explained social, emotional or behavioural difficulties: **Yes/No**

If yes, please mention details _____

Please add any other information that you feel would be useful those education your child:

Signature of Local Guardian

Signature of Father & Mother