



Admission Form for The Foundation Montessori School

(Form to be filled in block letters)

1. Admission is being sought for (select branch and specify grade within the branch)

Whitefield Branch Malleshpalya Branch

Admission is being sought for Grade _____

2. Form has been submitted on (date) _____

3. Student Information:

Name	
Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Date of birth (DD/MM/YYYY)	
Place of birth (City, Country)	
Mother tongue	
Other spoken languages	
Student's Aadhar card no.	
No. of siblings	
Grade(s) of sibling(s)	
Student's blood group	

4. Parents' Information:

Father	Mother
Name:	Name:
Address:	Address:
Residence Ph:	Residence Ph:
Mobile Ph:	Mobile Ph:
Email:	Email:
Place of Work:	Place of Work:
Designation:	Designation:
Office Address:	Office Address:
Office Ph:	Office Ph:
Father's Aadhar No.:	Mother's Aadhar No.:



5. Name and reports from previous schools attended, if any: _____

6. Any known learning disabilities: _____

7. Any known medical conditions: _____

Note: I understand that the school reserves the right to increase school fees for future academic years at its discretion.

I declare that all information filled in this form is true.

Father's signature

Mother's signature
