

ZIKURA SCHOOL ADMISSION FORM



FORM NO: ZS / /

Admission seeking in:

Foundation stage

- BABY-NURSERFY
 NURSERY
 LKG
 UKG

Key Stage

- GRADE 1
 GRADE 2
 GRADE 3
 GRADE 4
 GRADE 5

Last school attended:

Last grade studied:

To be completed by Parent/Guardian (Please use block letters to complete the form)



Candidate's Personal

Students name:

Date of birth:

Gender: Male Female

Place of birth:

Nationality:



Residential Address & Family information

Permanent Address:

Present Address:

If same permanent address please tick



Father:

Full name:

Email:

Designation:

Phone:

Nationality:



Mother:

Full name:

Email:

Designation:

Phone:

Nationality:



Guardian:

Full name:

Email:

Phone:

Relation with student:



In case of emergency call order of priority with

1st Relation:

2nd Relation:

Name:

Name:

Contact:

Contact:

In order to better address your child's needs...

If your child is having any health problem among the following, please tick.

MAKE SURE TO CONSULT A DOCTOR BEFORE FILLING THE FOLLOWING INFORMATION, IF THERE IS ANY, PLEASE APPLY A RELATED MEDICAL DOCUMENT

Hearing Vision Hearing Heart disease Speech
Diabetics Seizures Thalassemia Major Physical development

If there is any other, please mention:

Vaccinated dates before enrolling to school

Vaccine Name	Date of 1st dose	Date of 2nd dose	Date of 3rd dose	Date of 4th dose
BCG Vaccine dose 1				
Pentavalent Vaccine				
OPV Vaccine				
Hepatitis B Vaccine				
Measles Vaccine				
MMR Vaccine				

Declaration

I / we confirm that all the information provided is correct. I / we further agree to inform the school promptly, in writing, of any subsequent changes. I / we agree to meet financial responsibilities promptly. I / we understand that any incorrect information given by me / us will render this application invalid and consequently, the admission granted will be cancelled.

Guardian Signature: _____ Date:

Note: Forms which are incorrectly completed will delay the decision making process

Students enrolment conditions for all the students

- » Student must be 6 years, before 1st January (not above 7 years).
- » Students must complete BCG Vaccine 1 dose, DPT vaccine 3 doses, Polio Vaccine 4 doses, Hepatitis B Vaccine 1 dose and Measles vaccine 1 dose
- » Original and copy of ID card / passport must be submitted with this form
- » Original and copy of vaccine card (page which includes vaccinated details) must be submitted with this form
If 2 forms are submitted in one student's name with signature, 2 forms also will be rejected

For office use only

Copy & original of NID / Passport <input type="checkbox"/>	The above mentioned has been enrolled into Zikura School
Copy of school leaving <input type="checkbox"/>	Name: _____ School Index: _____
Copy of birth certificate <input type="checkbox"/>	Designation: _____ Class of enrollment: _____
Original & copy of vaccine card <input type="checkbox"/>	Date: _____ D.O.A: _____
	Form accepted by: _____
	Signature: _____ Date: _____