

REG. NO. _____

DATE _____



GR NO. _____

Estd. : 2000

LITTLE STEPS MONTESSORI SCHOOL

Run by: - ॐ SANSKAR EDUCATION & CHARITABLE TRUST

Reg. Office : 8, ADARSH SOCIETY, HOSPITAL ROAD, BHUJ-KUTCH. 370001.

Ph. 02832-250390 Mob No: +91 78747 65395

Email: littleglobalsteps@gmail.com

Application Form For Admission

(ALL COLUMNS TO BE FILLED IN CAPITAL LETTERS)

1. Name of the Child : _____
2. Date of Birth (in figures) : _____
3. Date of Birth (in words) : _____
4. Admission for Class : _____
5. Place of Birth : _____ Gender : Male / Female : _____
6. Blood Group : _____ Religion : _____ Caste : _____
7. Mother Tongue : _____
8. Family (joint / Nuclear) : _____
9. Name of Siblings : _____ Age : _____ School : _____
10. Residential Address : _____

11. Phone Residence : _____ Mobile : (F) _____ (M) _____
12. Email : _____
13. Name of last school attended : _____ Class : _____ City : _____
14. **Father's Details :**
Name : _____
Date of Birth : _____ Nationality : _____
Qualification : _____ Occupation : _____
Office Address : _____
Phone : _____
15. **Mother's Details :**
Name : _____
Date of Birth : _____ Nationality : _____
Qualification : _____ Occupation : _____
Office Address : _____
Phone : _____

Photo Of
Student
Affix Photo

16. Name of Guardian : _____

Address : _____

Phone : _____

17. A SPECIAL REMARK ON THE CHILD'S BEHAVIOR & ILLNESS IF ANY :

I, request that my child/ward whose particulars are given above, be admitted in class_____ in Little Steps Montessori School. I hereby agree to abide by all the Rules and Regulations of the School. I also certify that the particulars given above are true :

Date :

Signature : _____
(Father / Guardian)

Signature : _____
(Mother / Guardian)

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FOR OFFICE USE ONLY

Date of Admission : _____ Admitted in Class _____ GR No. _____

House : _____ Fees Receipt No. _____ Amt : _____

School Seal & Sign.

Signature of Principal