

**\*Child History Form\***

**General Information**

Student Name: - \_\_\_\_\_

Gender-B/G \_\_\_\_\_ Date of Birth: - \_\_\_\_\_ Age:- \_\_\_\_\_

Class:- \_\_\_\_\_

**Birth History -**

**Prenatal: -**

Age of mother : - \_\_\_\_\_

Any illness during pregnancy period - \_\_\_\_\_

Any accidents during pregnancy period \_\_\_\_\_

**Natal: -**

About delivery - Normal / Caesarean / Other \_\_\_\_\_

Immediate crying of New born baby - Yes / No \_\_\_\_\_

Birth weight of infant - \_\_\_\_\_

Any major health problem - Jaundice / High fever / Breathing problem \_\_\_\_\_

History of convulsion: - Yes / No \_\_\_\_\_

If yes - With fever / without fever \_\_\_\_\_

**Post Natal: -**

Any severe illness : \_\_\_\_\_

Any head injury : \_\_\_\_\_

**Development Information: -**

**Physical / Motor :-**

\* How can your child's development be compared to other children?

About the same / delayed / advanced

\* At what age did your child: -

Crawl : \_\_\_\_\_ Sit: \_\_\_\_\_ Stand : \_\_\_\_\_

Walk : \_\_\_\_\_ Use Single word : \_\_\_\_\_

Combined words : \_\_\_\_\_

• Does the child have any health problem : \_\_\_\_\_

• Allergy / Chronic ailment (if any) : \_\_\_\_\_

• Physical handicap / disability (if any) : \_\_\_\_\_ Speech Problem : Yes  No

• Bed wetting : \_\_\_\_\_ Thumb sucking : \_\_\_\_\_ Specify : \_\_\_\_\_

• Writing problems (if any) : \_\_\_\_\_ Left Handed :  Right Handed :



**SHRI PANCHAVATI EDUCATION SOCIETY'S  
SHRI HARIBHAI DESAI MONTESSORIE SCHOOL**

**NURSERY SECTION & PLAY GROUP**  
Sardar Shri Vallabhbai Patel Vidya Nagar, Panchavati, Nashik - 422 003.Tel. : (0253) 2621193

**ADMISSION FORM**

Date : \_\_\_\_\_

Form No. \_\_\_\_\_

G. R. No.: \_\_\_\_\_

Affix a recent  
Passport size  
Colour  
Photograph  
Student

Affix a recent  
passport size  
Colour  
Photograph  
Mother

Affix a recent  
passport size  
Colour  
Photograph  
Father

**GENERAL INFORMATION**

• I/We are considering enrolment in Grade/Class \_\_\_\_\_ with effect from \_\_\_\_\_ month/year

• Have you ever applied or have been a part of the school earlier: Yes  No

• If yes, when? Academic Year \_\_\_\_\_ for which class \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
First Name Middle Name Surname Nick Name

Gender:  Boy  Girl Languages Spoken at home : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY Date of Birth (in words) : \_\_\_\_\_

- Are you a non-resident Indian? If so, please give details \_\_\_\_\_

• Parent responsible for the student : Education: \_\_\_\_\_ finance : \_\_\_\_\_

• Are parents living together, if not. state position : \_\_\_\_\_

- Is the student an adopted child ? Yes  No

#### OTHER RELATIVES INFORMATION

• Real Brother/Sister : \_\_\_\_\_

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_ School Attending \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_ School Attending \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_ School Attending \_\_\_\_\_

• Relatives who are studying/have studied in this school :

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_ Relationship \_\_\_\_\_

• Age as on 1<sup>st</sup> June \_\_\_\_\_ yrs. \_\_\_\_\_ month \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Height: \_\_\_\_\_ cm. Weight: \_\_\_\_\_ kg. Nationality : \_\_\_\_\_

• Religion: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

• Caste: \_\_\_\_\_ Sub-Caste: \_\_\_\_\_

**Category**  OBC  BC  SC/ST  General Tick Whether applicable

• Permanent Address : \_\_\_\_\_

• Residential Address: \_\_\_\_\_

• Resi. # : \_\_\_\_\_ Mob.# (Father) \_\_\_\_\_

• Mob. # ( Father) \_\_\_\_\_ SMS on No.: \_\_\_\_\_

#### EMERGENCY

Name & address of person to be contacted (when parents are not available) :

Tel. # : Resi.: \_\_\_\_\_ Office \_\_\_\_\_ Mobile : \_\_\_\_\_

#### OTHER DETAILS

• Special Interests of the child : \_\_\_\_\_

• Any particular habit of the child : \_\_\_\_\_

• Sleeping Time : \_\_\_\_\_ Wake up Time : \_\_\_\_\_

• Generally, how would you describe your child's behaviour: \_\_\_\_\_

• From where did you come to know about the school \_\_\_\_\_

#### DECLARATION/UNDERTAKING

• Filling in the form does not guarantee admission.

• This form is intended to furnish information about the student and his/her family, without obligation in either side.

• I/We certify that the information furnished in this form is true to the best of our knowledge & belief.

• Fees paid shall not be refunded at the time of admission will not be refunded in case of cancellation of admission.

• Fees not paid in time, the school holds the right to collect Fine & failure of payment of fees in stipulated time shall struck the child's name off the roll.

• We hereby undertake to abide by all the school rules & pay all the fees in time.

• I/We are willing to accept the changes that may be brought about from time to time.

**Signature of Father**

**Signature of Mother**

**FACILITIES REQUIRED** (Please fill a separate form of facility required)

• School bus facility: Yes  No

• If no, your child shall be traveling to school by \_\_\_\_\_

**Please submit the following with the form:**

a) One original copy of child's birth Certificate for Nursery and Original Leaving Certificate of the previous school, for other grades with attested copy of birth certificates.

b) 7 passport size recent colored photographs.

c) Forms of facilities required with I-Card & Escort Card form & copy of Rules & Regulation signed.

d) Health Information Form signed by a Practitioner.