AVRA®
INTERNATIONAL MONTESSORI
Nurturing Curiosity, Inspiring Learning

Call: +91 9030303873 || Mail ID: Admissions@avramontessori.com
Address: Plot No BSIV-17, Westend Meadows Road No 5, Narsingi
Landmark: Behind NCC Urban One

APPLICATION FOR ADMISSION

Application No.: _____

Date of Admission : _____/_____/_____

Particulars of the Child

Programme Applying For	**After School**	**Meals**
☐ Little Fireflies (15 Months – 3 Years)	☐ 12 PM - 4 PM	☐ Include
☐ Bright Luminaries (3 – 6 Years)	☐ 2 PM - 4 PM	☐ Include

Child's Full Name : _____ Date of Birth : _____

Gender : ☐ Boy ☐ Girl Age (as on 31st May) : _____ Blood Group : _____

Previous School (if applicable) _____Class Attended : _____

Aadhaar Number (if available) : _____

Parent / Guardian

Father's Name: _____Occupation: _____

Contact Number : _____ Email ID : _____

Mother's Name: _____ Occupation: _____

Contact Number: _____ E mail ID: _____

Residential Address:

_____

_____

Landmark: _____Town / City: _____

State: _____ PIN Code: _____

Child Information

Is the child toilet trained? ☐ Yes ☐ No

Any medical condition / allergies?_____

Dietary preference: Veg/Non veg _____

Any food restriction?_____

Are all the relevant vaccinations taken? ☐ Yes ☐ No

Any developmental or speech concerns?_____

Languages spoken at home : _____

How many siblings does the child have?_____

Emergency Contact

1) Name : _____Relationship : _____Number:_____

2) Name : _____Relationship : _____Number : _____

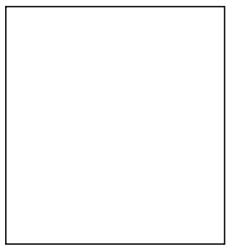
I/We authorize the school to seek emergency medical treatment for my/our child if required.

Authorized Pickup Details

1) Name :_____

Relationship : _____

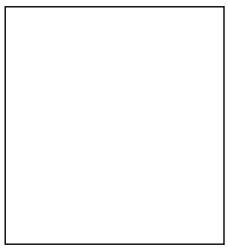
Contact Number: _____



2) Name :_____

Relationship : _____

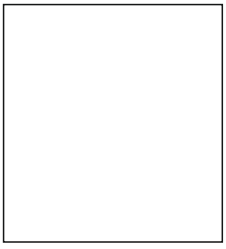
Contact Number: _____



3) Name :_____

Relationship : _____

Contact Number: _____



Medical Record

Is the child presently on any regular medication? ☐Yes ☐No

If yes, please specify: _____

Any special instructions: In case of your unavailability during an emergency, alternate contact person:

Name (other than parent): _____Mob.: _____

Documents required for the Admission:

* Complete Application Form
* Photocopy of the Birth Certificate
* 4 Passport Size Photos 2 stamp size of the Child
* Proof of Residence
* 2 Passport Size Photos of Parents
* Photocopy of Vaccination Certificate / Record
* Copy of parent's Aadhaar Card

Declaration of Parent / Guardian

1) I declare that the information given is correct and complete and I have not withheld any information.

2) I agree to entrust my child under the care of the staff at AVRA Preschool. I shall not hold AVRA Preschool responsible for any unavoidable mishap or accident.

3) I am aware that the fees once paid is non-transferable and non-refundable under any circumstances.

4) By signing this form, I/We are okay and give consent for my/our child's photographs/videos to be used for school activities and communication.

5) I/We are okay and give consent for my/our child to participate in school-organized trips and outdoor activities.

6) I have read through the Avra International Montessori policies and am in agreement with the said policies.

Parent's Name: _____Signature: _____Date: _____

For Office Use Only:

(To be filled in by office staff)

Tuition Fees : _____

Signature of the Centre Head : _____

Date: _____