



# Primrose Schools

Sl.No. :

(Affiliated to the Council for the Indian School Certificate Examinations)  
ISO 9001 : 2008 Certified (School Code : TN079)  
(A Unit of Primrose Education Trust, Chennai)

No. 1/367, East Coast Road, Injambakkam, Chennai - 600 115.

Ph : 044-24530247 / 48 / 49 Cell : 9940189777

Web : www.primroseschools.in / E-mail : inquiry@primroseschools.in,

## APPLICATION FOR ADMISSION - YEAR : 20

## - 20

1. Name of the Student \_\_\_\_\_ Girl / Boy \_\_\_\_\_  
(As per Birth Certificate)
2. Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_ Blood Group \_\_\_\_\_
3. Class in which admission is sought : \_\_\_\_\_
4. Aadhar Eid Number \_\_\_\_\_ Aadhar Uid Number \_\_\_\_\_
5. School last attended \_\_\_\_\_ Class \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Affix a recent,  
Colour, Passport size  
photograph

7. Nationality & State of Origin : \_\_\_\_\_ Religion : \_\_\_\_\_
6. Community BC / MBC / SC / OC : \_\_\_\_\_

8. Mother Tongue : \_\_\_\_\_ Languages spoken at home : \_\_\_\_\_

9. Child's Identification Marks 1) \_\_\_\_\_ 2) \_\_\_\_\_

10. Name of the Parent / Guardian \_\_\_\_\_ Father : \_\_\_\_\_  
Mother : \_\_\_\_\_

11. Residential Address & Telephone No. : \_\_\_\_\_  
\_\_\_\_\_

12. E-mail Address \_\_\_\_\_ : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ School SMS to be sent to

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Father

Mother

13. Educational Qualification \_\_\_\_\_

14. Profession / Designation \_\_\_\_\_  
(Business / Service)

15. Office Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Child is living with
- Both Parents
- Father
- Mother
- Others (Specify)
- If other than "both Parents", specify reason
- 

If the child is living with a guardian :

Name of the guardian : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address \_\_\_\_\_

Phone : \_\_\_\_\_

11. Details of bothers and sisters of the student.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Std. \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Std. \_\_\_\_\_ School \_\_\_\_\_

12. Family Physician \_\_\_\_\_ Tel. : \_\_\_\_\_

13. Is the Child on Medication ? \_\_\_\_\_ if so give details \_\_\_\_\_

14. Allergies if any : \_\_\_\_\_

\_\_\_\_\_

15. Any particular care to be taken at the school regarding child's health : \_\_\_\_\_

\_\_\_\_\_

16. In addition to parent, who else are permitted to pick up your child ?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

17. Emergency Contacts : \_\_\_\_\_

**Declaration**

A) I agree hereby to abide Name the rules and regulation of the school.

Parent's / Guardian's Name & Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Admission No : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Class of Admission \_\_\_\_\_

Date of Admission : \_\_\_\_\_

No. & Date of Transfer Certificate Produced : \_\_\_\_\_

Remarks : \_\_\_\_\_