



# Primrose Schools

Sl. No: \_\_\_\_\_

(Affiliated to the Council for the Indian School Certificate Examinations)

ISO 9001: 2015 Certified (School Code: TN079)

(A Unit of Primrose Educational Trust, Chennai)

## APPLICATION FOR ADMISSION - YEAR: 20 -20

1. Name of the Student \_\_\_\_\_ Girl / Boy \_\_\_\_\_  
(As per Birth Certificate)

2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

3. Blood Group \_\_\_\_\_ Class for Admission: \_\_\_\_\_

4. School last attended \_\_\_\_\_  
Class \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

5. Nationality / State of Origin: \_\_\_\_\_ / \_\_\_\_\_ Religion: \_\_\_\_\_

6. Community BC / MBC / SC / OC: \_\_\_\_\_

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

8. Aadhar Eid/Uid Number \_\_\_\_\_ EMIS Number: \_\_\_\_\_

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

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

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

12. E-mail Address: \_\_\_\_\_

13. School SMS to be sent to: 

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Affix a recent,  
Color, Passport size  
photograph

**Father**

**Mother**

14. Educational Qualification \_\_\_\_\_

15. Annual Income \_\_\_\_\_

16. Profession / Designation \_\_\_\_\_

(Business / Service)

17. Office Address \_\_\_\_\_

\_\_\_\_\_

18. Mobile No. \_\_\_\_\_

19. Child is living with

If other than "both Parents", specify reason

Both Parents

Father

Mother

Others (Specify)

If the child is living with a guardian:

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

Address \_\_\_\_\_

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

20. Details of brothers and sisters of the student.

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

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

21. Family Physician \_\_\_\_\_ Tel: \_\_\_\_\_

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

23. Allergies if any: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

26. Emergency Contacts: \_\_\_\_\_

27. **Document Check-List:** (Certificates to be produced during Admission Process)

Birth Certificate (Mandatory)

Passport size photo -2Nos (Mandatory)

Transfer Certificate/ Report Card

Aadhar Xerox

28. **Transportation Requirement:**

Yes  No

**Declaration:** I agree hereby to abide by the rules and regulation of the school and its organizational functions.

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

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### OFFICE USE

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

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

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

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

Fees Paid During Admission: \_\_\_\_\_

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

Signature of Admission Co-coordinator: \_\_\_\_\_ Signature of Principal: \_\_\_\_\_

Date:

School Seal:



## OUR WILL

"We study to Learn, to Know,  
to Understand the world, and for the sake of  
the Joy that it gives us."

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# *Primrose Schools*

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