



Application for Admission

www.smileworldschool.com

Admission to SMILE World School is open to any child regardless of his/her race, religion, caste, creed, color, national/state origin, mother tongue, ancestry, physical disabilities or special needs.

DAY SCHOOL
 WEEKLY BOARDING
 FULL BOARDING

STUDENT INFORMATION

Full Name (Last, First, Middle)	Standard entering	School Year	AFFIX STUDENT'S PASSPORT SIZE PHOTOGRAPH HERE
Home Address	Date of birth (dd/mm/yy)	Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Phone	Name of the sibling/s enrolling/currently in the school:		
Applicant resides with (if different from parent)	Relationship to applicant		
Address			

PARENT INFORMATION

MARITAL STATUS OF PARENTS
 MARRIED
 SEPERATED
 SINGLE
 DIVORCED
 WIDOW(ER)
 OTHER

FATHER			MOTHER		
Full Name	Occupation/Title	Full Name	Occupation/Title		
Employer & Work address			Employer & Work address		
Work phone	Home phone	Mobile	Work phone	Home phone	Mobile
Home address			Home address (if different from father's)		
E-mail		Education	E-mail		Education

If parents live in two separate addresses, please indicate who should receive correspondence.
 FATHER
 MOTHER

EMERGENCY CONTACT

(Residence Hall students should provide local contacts if possible)

Name	Relationship	Phone
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Address:

APPLICANT'S PRESENT SCHOOL		OTHER CHILDREN IN THE FAMILY			
Current school name	Grade (Standard)	Name	School	Birth date	grade
Address		Name	School	Birth date	grade
School phone	Contact person	Name	School	Birth date	grade

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RESIDENCE HALL

Only those seeking Weekly or Full Boarding should fill this section.

Boarding Type Weekly Full term

Name of the sibling availing the hostel facility (if any):

STUDENT PROFILE

1. What talents or strong interests does your child exhibit (ex: - fine or performing arts, athletics, computers, etc.)?

2. Has your child ever been promoted/ stepped up beyond his/her level or held back in school? YES NO
Expelled? YES NO
If yes, please describe fully the circumstance:

3. Has your child had previous academic problems which required tutoring or remedial help? YES NO
If yes, in what areas and for how long?

4. Does your child receive medical treatment for allergies or any chronic condition? YES NO
If yes, please explain:

5. Are there limitations on participation in athletics? YES NO
If yes, please explain

6. Has your child undergone any diagnostic or evaluative testing for learning differences or psychological/ psychiatric concerns, either through school or outside of school? YES NO

Reason for testing:

School, agency or individual administering test: _____ Date of test: _____

In consideration of my child's participation in various events organized by the SMILE World School that may include field trips, excursions, expeditions, annual camps, sports events, etc., I hereby release the management, officers, employees and agents of SMILE World School, its parent and sister concerns and any other people officially connected with the events, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, loss of life or money, which might occur while my child is participating in the event. In the event of an injury or illness, I authorize the seeking of such medical assistance on my behalf that my child may require and I grant permission to any and all healthcare providers to provide that assistance. I will be responsible for any medical costs my child incurs as a result of his/her participation.

During my child's participation in the SMILE World School, the school may take photographs and videos of my child participating in various activities. I hereby grant permission to SMILE World School to use them in publications and promotional materials of the school or the organizations it is associated with.

Signature of Parent or Guardian

Date

Return completed application form along with

1. Birth certificate/proof of date of birth
2. School records/transcripts and transfer certificate
3. Registration fee by check/pay order payable to 'SMILE World School'
4. 3 passport size photographs (one affixed to this application; please write the name of the student on the back of the other two photographs)
5. Medical record/certificate (should be provided before the first day of the School)

Address:

Office of Admissions
SMILE World School
Nr. Radhaswami Ashram
Khurai Road
Sagar (M.P.)
Ph: (07582) 205959 /+918989154224