Application No	FOR OFFICE USE ONLY	Transfer Cer	tifica	ite l	Vo					
Admission No	FOR OFFICE USE ONL!	Date	D	D	M	M	Y	Y	Y	Y



GREEN SPROUT INTERNATIONAL SCHOOL

Sai Nagar, Kancharampettai Post, Madurai – 625014

Call: 7397393052 & Email: greensproutinternationalschool@gmail.com

The world of Learning ADM	IISSION APPLICATION FO	ORM - 20 20
/	/	/
1	{	1
!	:	!
į į	į į	į į
1	;	
: :	;	1 1
Affix the recent	Affix the recent	Affix the recent
passport size	passport size	passport size
photo of father	hoto of Mother	photo of Student
`/	`/	`/
Admission required for (Use Co	apital Letters only)	

★ INFORMATION OF THE STUDENT (Use Capital Letters only) **★**

Name of the Student:															
Gender Use (✓)	Male		Fe	male		Blood Group									
Date of Birth (In Figures)	D D	M N	IY	Y	Y	Y Nationality									
Religion			•	•	•			Caste							
Community Use (✓)	Ger	neral	OE	BC		S	SC ST				Others:				_
Aadhaar Card Number											Age				
Languages Known		•	•		•			•		Mot	her Ton	gue			
Residential Address:						Coı	respo	ndenc	e Ado	dress:					
			1 1									1 1		1 1	
	PIN	Code								PI	N Code				

★ DETAILS OF THE PREVIOUS SCHOOL (If Applicable) **★**

Name of the Previous	ol							
Board Name Use (✓)		State Board		CBSC	SC	ICSE		Others:
Completed Year Standard / Grade					Remar	ks		
Grade / Marks / Percentage obtained in final exams								

★ MISCELLANEOUS ★

How did you hear about this school (Please Specify)	
Newspaper / Website / Magazine / Hoardings / Pamp	hlets / Word of mouth / Catalogue / Referee (Name)

			•	★ DETAILS	OF 7	THE FA	MILY M	EMB	ERS ★		
				Father	/ Gu	ardian E	Details		Mother A	Guardian/	Details
Nan	ne of the Pe	rsor	1								
Age											
	cational Qu	-									
	upation	iaiii	Cation								
	ignation										
	ce Location										
	ual Income										
Mol	oile Numbe	r									
Ema	ail Address										
Aad	haar Card N	Num	ber								
				•			ľ	I.			
	Emerge	ncv	Contact	Person	\neg	Details	of Broth	ner /Si	isters of the	Student i	n this school
Naı						Name					
	oile No					Age	Standard	1			
	ationship				_		ion Name				
Kera	ationship					mstitut	ion maine	5			
NT.	NT. C.	•	T 1.4 . CT	N 1	1	N 1 . 4 .	4 41 4	•	2 . 1	E. Occ	• TT 1
No	No. of cop			Enclosures (All	are I	viandatoi	ry at the t	ıme oı	admission)	For OII	ice Use only
01	One copy		Birth Ce		11	11.					
02	Origina			Certificate (If a	applic	cable)					
03	One copy			ion Certificate	7. 1						
04	5 Photos		-	Size Photo of S			. (2 1				
05	2 + 2 Phot		_	Size Photo of I		ts / Guard	ıan (2 eacl	h)			
06	One copy			Card of Studen							
07	1 + 1 Cop			Card of Parent							
08	One cop			nity Certificate			BC / Othe	ers			
09	Original			Medical History		m					
10	One copy			ocuments (If An							
Note	: All the xer	ox c	opy of the	above-mentione	<u>2d doc</u>	cuments sl	hould be a	ttested	and produce	d along with	n application
into the incorrection	he school as formation pr ct to my kno	the providence of the providence of the providence of the proving the providence of the proving the pr	oarent / leg led here, I lge and if	have the gal guardian. I uf necessary for found otherwise acture of the sch	e autl ndert any re se, I s	hority to a take the reseason. I de	sponsibilit	child / cy of pu the sta	coviding any attements prov	evidence ne vided in this	eeded to suppor application ar
Date:	://	— — -		FO	R O	FFICE U	JSE ONL	Δ Y	Signature	e of Parent	/ Guardian
							_				
			_								
Sign	ature of the	Adı	mission C	oordinator					Signature	of the Prin	ıcipal
	Date]	Date		



GREEN SPROUT INTERNATIONAL SCHOOL

Sai Nagar, Kancharampettai Post, Madurai – 625014 Call: 7397393052 & Email: greensproutinternationalschool@gmail.com

STUDENT MEDICAL HISTORY FORM – 20 - 20

	Please Tick (✓) in Appropriate Box													
	HEARING													
01	Any difficulty observed	YES		NO										
02	2 Any consultation with doctor done YES NO													
	If YES, Explain –													
	VISION													
03	Use of spectacles / Corrective Lenses	YES		NO										
04	Any consultation with doctor done	YES		NO										
	If YES, Explain the Power Details -													
0.5	GENER	RAL												
05	Any Meditation taken for general well-being:													
06	Any alloway / Madical Information that school	should be a	wara of:											
06	Any allergy / Medical Information that school	silouid be a	ware or.											
07	Personal Marks of Identification (Mandatory):													
	(a)													
	••••••													
	(b)				• • • • • • • • • • • • • • • • • • • •									

l late:	/			
vaic.	,	,		