



# ASHA KIRAN SPECIAL NEEDS SCHOOL

*Serving the Special Children since 1993*

HL 212, Esther Garden, Jayanthinagar to Ramamurthynagar Road,  
Horamavu, Bangalore-560016.

Ph: +91-80-6561-6160 / +91-80-2531-5597 / Mobile. +91-93412-62237

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## ADMISSION FORM

## SL. NO.

<b>FOR OFFICE USE ONLY:</b>	Receipt Number	Class/Year:
	Receipt Date	
Remarks:		

### ABOUT THE CHILD

Child's Name:		First Name		Middle Name		Family Name	
Sex	Age Now	Date of Birth		Day	Month	Year	
(Attach Birth Certificate copy)							
Nationality	Blood Group	Mother Tongue					
Previous Schooling (if none, please state none; if Home schooled, please detail programme followed – otherwise give the name of the school and level of achievement)							

### Family Details – brothers and sisters

1.	Name	Boy / Girl	Age
2.	Name	Boy / Girl	Age
3.	Name	Boy / Girl	Age

### ABOUT THE FAMILY

Home Address	
Home Telephone	
Home Fax (if available)	
Home E-mail	

About the Father				
<b>Name</b>				
<b>Nationality</b>		<b>Qualification</b>	<b>Annual Income</b>	<b>Blood Group</b>
<b>Occupation</b>			<b>Employer</b>	
<b>Designation</b>				
<b>Work Address</b>				
<b>Work Telephone</b>	<b>Residence Telephone</b>		<b>Mobile</b>	
<b>Work E-mail</b>				

About the Mother				
<b>Name</b>				
<b>Nationality</b>		<b>Qualification</b>	<b>Annual Income</b>	<b>Blood Group</b>
<b>Occupation</b>			<b>Employer</b>	
<b>Designation</b>				
<b>Work Address</b>				
<b>Work Telephone</b>	<b>Residence Telephone</b>		<b>Mobile</b>	
<b>Work E-mail</b>				

Other Details				
<b>How did you know the school</b>				
<b>Any special reason for seeking admission in this school</b>				
<b>Nature of Special Need</b> <i>(attach Psychological &amp; Educational report)</i>				
<b>Distance of residence from school</b>				
<b>Do you visit your Doctor/ Psychologist regularly</b>	YES		NO	
<b>If YES please specify the Doctor's / Psychologist's Name</b>				

<b>Parent Signature</b>		<b>Date</b>	
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