



# HAPPY WISDOM

## Pre-School & Activity Club

UNDER THE AEGIS OF : HAPPY WISDOM EDUCATIONAL TRUST (REGD.)

### ADMISSION FORM

Admission No. \_\_\_\_\_

Form No. \_\_\_\_\_

Afx photo of Father

Afx photo of Mother

Afx photo of Student

We \_\_\_\_\_ and \_\_\_\_\_ desire to have our son/daughter/ward whose particulars are given below admitted as a Day Scholar/Day Boarding/Boarding in your School.

#### INFORMATION OF THE CHILD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ Date of Birth in words \_\_\_\_\_ Age \_\_\_\_\_

Class for which admission is sought \_\_\_\_\_ Religion \_\_\_\_\_ Nationality \_\_\_\_\_ Category \_\_\_\_\_

Blood Group \_\_\_\_\_ Allergy (if any) \_\_\_\_\_ Disability (if any) \_\_\_\_\_ Special Precautions (if any) \_\_\_\_\_

Languages Known \_\_\_\_\_

#### RESIDENTIAL ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel.: \_\_\_\_\_  
Fax : \_\_\_\_\_

#### CORRESPONDENCE ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel.: \_\_\_\_\_  
Fax : \_\_\_\_\_

Distance from school (in kms.): \_\_\_\_\_ Preferred Phone Number for School SMS: \_\_\_\_\_

| Emergency Contact Numbers | Name of the person to be contacted | Relationship |
|---------------------------|------------------------------------|--------------|
|                           |                                    |              |
|                           |                                    |              |

#### FAMILY INFORMATION Father/Guardian:

|                           |                      |              |
|---------------------------|----------------------|--------------|
| Name:                     | Age:                 | Nationality: |
| Educational Quali'cation: | Company Institution: |              |
| Occupation:               | Of'ce Address:       |              |
| Designation:              |                      |              |
| Annual Income:            | Tel:                 |              |

**Single Parent:**

Tick one, only if applicable

|   |               |
|---|---------------|
| <b>Father</b>                                     | <b>Mother</b> |
| if child sponsored<br>(Name of sponsoring agency) |               |
| Permanent Address:                                |               |

**Previous School (if any) attended:**


School Transfer Certificate to be submitted in original

**Details of Siblings:**

| Name of the Siblings | Admission No.        | Class                | Section              |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**In case of Employee ward:**

| Name of the Employee | Employee I.D.        | Designation          | Department           |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**In case of fee relaxation : (only War Martyr Widow) attached supporting documents**

| Name of the Martyr   | Designation          | Force                |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Areas in which you could contribute to enrich school life in terms of time, skills etc.

Please tick:

|                    |                          |         |                          |                  |                          |
|--------------------|--------------------------|---------|--------------------------|------------------|--------------------------|
| Cultural           | <input type="checkbox"/> | Medical | <input type="checkbox"/> | Media            | <input type="checkbox"/> |
| Professional       | <input type="checkbox"/> | Sports  | <input type="checkbox"/> | Academics        | <input type="checkbox"/> |
| Outdoor activities | <input type="checkbox"/> | Camps   | <input type="checkbox"/> | Technical Skills | <input type="checkbox"/> |

**Declaration :**

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree this misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

I have read and do hereby consent to the term and conditions enclosed with the registration form.

Signature of Mother / Father / Guardian

**Required Document:** Resident Proof, Date of Birth Certificate (Original), Parents/Guardian ID Proof, Parents/Guardian Qualification Proof, Category Certificate, Medical Certificate of the student, Parents Income Proof, Aadhar Card, Transfer Certificate.



**For Office Use Only**


- Medical form  
  D.O.B.Certificate  
  Transfer Certificate  
  Transportation form  
  Admission fees  
 Residential Proof  
  Parents I.D. Proof  
  Category Certificate  
  Parents Income Proof  
  Aadhar Card



Admission Counsellor      Admission co-ordinator      Principal      Registrar      Director

Remarks :                      Remarks :                      Remarks :                      Remarks :                      Remarks :

**For Admission Call**

  **8168757632, 9468044440**

 70 R, MODEL TOWN, SONEPAT HARYANA-131001

 [happywisdom1995@gmail.com](mailto:happywisdom1995@gmail.com)  [www.happywisdom.in](http://www.happywisdom.in)