



# INDIA INTERNATIONAL SCHOOL

# 26/1, Carmelaram Post, Chikka Bellandur Village, 1Km from Decathlon,  
Sarjapur Road, Bangalore-35

## APPLICATION FORM

STUDENT'S  
PASSPORT SIZE  
PHOTOGRAPH TO  
BE AFFIXED. 2 MORE  
PHOTOS TO BE  
SUBMITTED ALONG  
WITH THIS FORM

(SIZE APPROX. 3 CM X 4  
CM)

**TO BE FILLED BY THE PARENT OR GUARDIAN IN CAPITAL LETTERS ONLY**

Name of the applicant (As in date of birth certificate)

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_\_

NATIONALITY \_\_\_\_\_ ACADEMIC PROGRAM \_\_\_\_\_ ADMISSION GRADE \_\_\_\_\_

DAY / WEEK / REGULAR BOARDING \_\_\_\_\_ SECOND LANGUAGE \_\_\_\_\_

APPROXIMATE JOINING DATE \_\_\_\_\_

### FATHER'S DETAILS

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### MOTHER'S DETAILS

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DETAILS FOR GUARDIAN: NAME:

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY OF THE STUDENT:

BLOOD GROUP  VACCINATION TAKEN

ANY ALLERGIES

PLEASE MENTION BELOW THE NAME & PLACE OF THE LAST SCHOOL ATTENDED

### DETAILS OF MARKS OBTAINED IN THE PREVIOUS CLASS

SNO	SUBJECT	MARKS	SNO	SUBJECT	MARKS

I declare that the details mentioned above about my child are true. I shall abide by the rules & regulations of this school.

Date:

Place:

Parent Signature

### FOR OFFICIAL USE

REG. NO

ADMITTED IN CLASS

SECTION