



small  
**WONDERS  
SCHOOL**

CONFIDENT COMPETENT CARING

## APPLICATION FORM

Form No.

Admission No.

### APPLICANT'S DETAILS (to be filled in capital letters)

First Name

Middle Name

Last Name

Gender:

Male

Female

Nationality

Date of Birth:

Age as on March 31

Class for which admission sought

Home Address

Phone

Mobile

Transport facility required:

Yes

No

SC / ST (Copy to be attached):

Yes

No

Please affix the latest  
passport size photograph

**STUDENT**

### PARENT'S/GUARDIAN'S DETAIL (to be filled in capital letters)

Father / Guardian's Name

Relationship with applicant (if other than father)

Educational Qualification

Organization / Designation

Office Address

Office Phone

Mobile No.

Mother's Name

Educational Qualification

Occupation

Office Address (if any)

Office Phone  Mobile No.

Total annual income of the family

**PREVIOUS SCHOOLING OF THE CHILD**

Name of the school	City	Class	Date

**Details of sibling (s) (PRESENT OR PAST) OF SWS**

Sr. No.	Name	Relation with Applicant (Brother/Sister)

**Proficiency of Applicant in Games / Co-curricular / Any other achievements**

Areas (s) / field (s) in which parent / guardian would like to contribute.

Career Advice  Medical  Cultural  Sports  Teacher  Substitution

Others (Please specify)

Languages spoken at home

**PLEASE AFFIX THE LATEST PASSPORT SIZE PHOTOGRAPH**

<b>FATHER</b>	<b>MOTHER</b>	<b>GUARDIAN</b>
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**ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
( TO BE SIGNED BY BOTH PARENTS / GAURDIANS )**

Father's Name

Mother's Name

Guardian's Name

\_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
Signature

Date

\_\_\_\_\_ Place

Please attach the following documents with this form:

- A copy of birth certificate of the child.
- Three passport size coloured photographs of the child.
- One photograph each of father, mother and the guardian (if any).
- Copy of the report card and the school leaving certificate of the last school attended.

**FOR OFFICE USE ONLY**

Date of Interaction

Time

Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Admission co-ordinator

\_\_\_\_\_  
Principal