



# THE PRODIGIES

## INTERNATIONAL SCHOOL

### ADMISSION FORM

(All details to be filled in BLOCK LETTERS)

Admission no: \_\_\_\_\_

Branch code: \_\_\_\_\_

#### Student Information

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Gender: Male  Female  Date of Birth \_\_\_\_\_ (DD/MM/YY)

Age as on June \_\_\_\_\_ (of the academic year) Mother Tongue \_\_\_\_\_

Nationality \_\_\_\_\_ Religion \_\_\_\_\_ (as per Govt. requirements)

Caste \_\_\_\_\_ (Identify a category for SC/ST) Blood Group \_\_\_\_\_

Entry Class \_\_\_\_\_ Year of Enrollment \_\_\_\_\_ Aadhar Card No. \_\_\_\_\_

Permanent Residential Address \_\_\_\_\_

Telephone(Home) \_\_\_\_\_ Pincode \_\_\_\_\_

Postal Address \_\_\_\_\_ (Mandatory for residential areas)

#### Parent/Guardian Information

	Father	Mother
Full Name		
Educational Qualification		
Occupation & Designation		
Company/Organization		
Mobile Number		
Email ID		
Office Address		
Telephone(Office)		
PAN Card No		
Aadhar Card No		

What are your long term goals for your child?

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What type of learning environment do you think is required for your child to fulfill his/her potential?

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How do you think admitting your child into **TPIS** will help achieve this?

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How did you hear about THE PRODIGIES INTERNATIONAL SCHOOL? \_\_\_\_\_

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Two areas in which you would be willing to participate/volunteer at TPIS

- Career/College Counselling
- Guest Lectures in an area of your expertiseField
- Trips
- Internships at your place of work
- PODS-Special interest groups/clubs
- Change Maker
- Food Committee/Health & Nutrition
- Sports
- Others, please specify \_\_\_\_\_

What role do you think you should play in your child's education as a parent? \_\_\_\_\_

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**Sibling Information**

Sibling Details (list from eldest to youngest)

Name	Date of Birth	Gender M/F	If applying to TPIS(Y/N)	If yes, what class	Name of current school

Student is living with:    Both Parents     Mother     Father     Guardian

Languages Spoken at Home \_\_\_\_\_

Proficiency in English:

Writing in English	Moderate	<input type="checkbox"/>	Fluent	<input type="checkbox"/>
Reading in English	Moderate	<input type="checkbox"/>	Fluent	<input type="checkbox"/>
Speaking in English	Moderate	<input type="checkbox"/>	Fluent	<input type="checkbox"/>

II Language child has studied/ing \_\_\_\_\_

**Previous Education:**

Name of the school	Location	Class completed	Years attended	Language of Instruction

Achievements in co-curricular activities \_\_\_\_\_

Has your child ever been retained or moved up a grade? Please give details

Has your child ever received any learning support? If yes, please indicate areas below and give details:

Speech and Language	<input type="checkbox"/>	Reading and Writing	<input type="checkbox"/>	Mathematics	<input type="checkbox"/>
Social/Behavioral Skills	<input type="checkbox"/>	Motor Skills	<input type="checkbox"/>	Others	<input type="checkbox"/>

(eg. Handwriting or Physical Education)

**Student Information for the Academic year 20\_\_20\_\_**

● Meal Plan: YES  NO

● Transport Plan: YES  NO

● Second language;

Grade 1-5: Hindi  Kannada

Grade 6-10 Hindi  Kannada  Sanskrit  French

● Third language;

Grade 6-8: Hindi  Kannada  Sanskrit  French

Note: Students studying either of these languages in grade 6 and 7 should study the same for at least three consecutive years.

If you would like to add any extra information about your child please do so below:

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"I \_\_\_\_\_, represent that I have the authority to admit my child/ward, \_\_\_\_\_, into the school as the parent/legal guardian. I undertake to bring any fact, which may make this representation untrue in the future, to the immediate notice of the school. I declare that the statements given in this application are correct and, if found otherwise, the Management reserves the right to cancel the admission. I agree to abide by the Rules and Regulations and Fees Schedule and Policies of the School."

Signature:                      Father                      Mother                      Guardian

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Date:

Place:

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_

From received on (date): \_\_\_\_\_

Receipt No: \_\_\_\_\_ Signature: \_\_\_\_\_