

Application for Class : Nursery, Jr.Kg & Sr.Kg **CBSE**



PUBLIC SCHOOL

Nursery

THY CHILDREN LIKE OLIVE

1, Sarvamangala Nagar,
2nd Main, chitlapakkam,
Chennai-600 064.
Tamilnadu, India,

Phone : **91-44-22235927**
22237763

www.olivepublicschool.in

Admin. No. & Date: Form No.

Name of the Student (In Block Letters)

Grade

Age and Date of Birth

Nationality and Religion

Sex Caste OC BC SC MBC ST Sub Caste

Father / Guardian	Particulars	Mother
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	Name	
	Monthly Income	
	Educational Qualification	
	Post held / Designation	
	Name of the Co./Firm/Office	
	Languages known to speak	

Office Address	Residential Address	Office Address
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Contact No.:	Contact No.:	Contact No.:

Please affix
Father's
Photograph

Please affix
Student's
Photograph

Please affix
Mother's
Photograph

Would the student avail school transport facility? Yes / No

Second Language Hindi / Tamil

Our Bank Details

Account Name: **OLIVE PUBLIC SCHOOL (Nursery)**

Banch: **Chitlapakkam**

Bank Name : **State Bank Of India**

IFS Code. **SBIN0021620**

Account No. : **62478298477**

Is the Parent or any of your relatives studying or have studied at Olive Public School? If Yes, give particulars.	Name :	
	Relationship :	
	Class :	Year:
Name and Address of the Previous School the pupil studied in		
Language - Main Language Spoken at Home		
Any other Language(s) Spoken Language		

Medical Information

Indicate any health problems by putting a cross in the appropriate boxes

- | | | | |
|-------------------------------------------|---------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sting allergy | <input type="checkbox"/> Migraine / Headaches | <input type="checkbox"/> Heart problem |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Gastric problems | <input type="checkbox"/> Nut allergy | <input type="checkbox"/> Vision management |
| <input type="checkbox"/> Chest Problems | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Pills / Medicines carried | <input type="checkbox"/> Walking problem |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Skin complaints | <input type="checkbox"/> 'Other' health problems. |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kindney complaint | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Blood group |

'Other' description an any additional medical data:

Special Dietary Needs:

Doctors' Name:

Postal Address:

Place :

Date :

**Signature of the
Admission in-charge**

**Signature of the
Father / Mother / Guardian**

Note : This must be signed by Father / Mother. In case the parents are not able to endorse the application, the guardian can undertake the responsibility after submitting the guardianship affidavit signed by the notary public. I fully agree to the terms and conditions of the school. I also understand that fees once paid will not be refunded.