(All sections MUST be completed)

Application for Class : I to IX

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1, Sarvamangala Nagar, 2nd Main, chitlapakkam, Chennai-600 064. Tamilnadu, India, Phone : **91-44-22235927** 22237763 www.olivepublicschool.in

Father / Guardian	Particulars	Mother		
	Name			
	Monthly Income			
	Educational Qualification			
	Post held / Designation			
	Name of the Co./Firm/Office			
	Languages known to speak			
Office Address	Residential Address	Office Address		
Contact No.:	Contact No.:	Contact No.:		

CBSE

Please affix Father's Photograph

Second Language

Please affix Student's Photograph

Please affix Mother's Photograph

Would the student avail school transport facility?

Yes / No

Hindi / French / Tamil

Is the Parent or any of your relatives studying or	Name :					
have studied at Olive Public School?	Relationship :					
If Yes, give particulars.	Class : Year:					
Marks scored in the Quaterly /	English :					
Half yearly Examination in Previous class	II Language :					
	Mathematics :					
Also attach Xerox copy of the Progress Report /	Science :					
Mark Card	Social Science :					
Name and Address of the Previous School						
the pupil studied in						
Proficiency in games and athletic events						
Specify the field and attach relevant certificates wherever necessary						
Medical Ir	formation					
Blood Group Allergies and Medical Ailm	ent (if any)					
Note : 1. The attested photostat copy of the Original Birth Certificate must be submitted. 2. This form must be signed by Father alone. If Father is not alive Mother should sign. 3. Recommendations of any nature will not be entertained. Applications of such students will be disqualified.						
4. By registration, admission cannot be claimed as a matter of right.						
Documents Received:						
Copy of the Birth Certificate Previous School Transfer Certificate						
	Frevious School Hansier Certificate					
Place : Signa	ture of the Signature of the					
0.3	ture of the Signature of the on in-charge Father / Mother / Guardian					

(All sections **MUST** be completed)

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



		www.olivepublicschool.in
Father / Guardian	Particulars	Mother
	Name	
	Monthly Income	
	Educational Qualification	
	Post held / Designation	
	Name of the Co./Firm/Office	
	Languages known to speak	
Office Address	Residential Address	Office Address
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?	
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Second Language

Yes / No

Hindi / Tamil

Is the Parent or any of your relatives studying or		r Name :						
have studied at Olive Public School?		Relationship :						
If Yes, give particulars.		Class :		Year:				
Name and Address of the Previous School the pupil studied in								
Language - Main Lar	nguage Spoken at Home							
Any other Language	Spoken Language							
	Medic	al I	Information					
Indicate any health prob	lems by putting a cross in the ap	propr	iate boxes					
Asthma	Sting allergy		Migraine/Headaches		Heart problem			
Bladder problems	Gastric problems		Nut allergy		Vision management			
Chest Problems	Hearing impairment		Pills/ medicines carried		Walking problesm			
Diabetic	Hay fever		Skin complaints		'Other' health organisaion/ problems.			
Epilessy	Kindney complaint		Speech Impairment		Blood group			
' Other' description an any additional medical data:								
Special Dietary Needs:								
Doctors' Name:								
Postal Address:								
Place : Date :	orginataro				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.								