



# CHINMAYA SHISHU VATIKA

Sandeepany Kailas, Kundanbagh, Begumpet, Hyderabad-500016.

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## Application Form for L.K.G. Admissions for the academic year 2022-23

Application No. \_\_\_\_\_

Registration No. \_\_\_\_\_

1. Name of the Child with : \_\_\_\_\_

Surname(in block letters)

2. Date of Birth : \_\_\_\_\_

3. Age as on 1<sup>st</sup> July 2022 : \_\_\_\_\_

4. Student Aadhaar No. : \_\_\_\_\_

5. Father's Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_ Aadhaar No. : \_\_\_\_\_

Occupation : \_\_\_\_\_ Annual Income (Approx) : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Email-Id : \_\_\_\_\_

Residential Address & Phone No. : \_\_\_\_\_

Office Address & Phone No. : \_\_\_\_\_

6. Mother's Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_ Aadhaar No. : \_\_\_\_\_

Occupation : \_\_\_\_\_ Annual Income (Approx) : \_\_\_\_\_

Mobile No : \_\_\_\_\_ Email-Id : \_\_\_\_\_

Office Address & Phone No. : \_\_\_\_\_

7. Details of Siblings already Studying in Chinmaya Vidyalaya, Begumpet, Hyderabad.

Name : \_\_\_\_\_ studying in Class : \_\_\_\_\_ Section : \_\_\_\_\_

8. Whether child has attended any Nursery School?

(a) If Yes, Name of the School : \_\_\_\_\_

9. Skills : Kindly write "Yes" or "No" :

(a) Can Child recognize? (i) Objects : \_\_\_\_\_ (ii) Colours : \_\_\_\_\_ (iii) Pictures : \_\_\_\_\_

(b) Speaking ability / Speaks fluently : \_\_\_\_\_

(c) Languages child can understand:

(i) Hindi : \_\_\_\_\_ (ii) Telugu : \_\_\_\_\_ (iii) English : \_\_\_\_\_

(iv) Any Other Language: \_\_\_\_\_

(d) Can child write English Alphabet : \_\_\_\_\_

10. Mother Tongue : \_\_\_\_\_

11.(a) Has the child been vaccinated against Polio, Diphtheria, Tetanus and any other preventive measures? : \_\_\_\_\_

(b) If so when was it administered last? : \_\_\_\_\_

(c) Has the child suffered any serious illness requiring hospitalization? If so, please give details. : \_\_\_\_\_

(d) Have you checked the child's weight gain in the last one year? : \_\_\_\_\_

(e) Is the child allergic to any food items or medicines? If so, please give complete details. : \_\_\_\_\_

(f) Does the child suffer from any epilepsy attacks? : \_\_\_\_\_

(g) Have you noticed any loss of hearing? : \_\_\_\_\_

(h) Have you checked the eyesight? : \_\_\_\_\_

12. Have you noticed any unusual behaviour of the child, which in your opinion, the teacher must be aware of : \_\_\_\_\_

13. Is the child trained to eat food on his/her own? Is there any special care that we have to take in this regard? (We do not allow parent to contact the Ayah's for special attention to any child) : \_\_\_\_\_

14. Approximate distance from residence to Chinmaya Shishu Vatika : \_\_\_\_\_

**We solemnly affirm and sincerely declare that particulars furnished above are correct.**

Date: \_\_\_\_\_

Signature of the Parent: \_\_\_\_\_

**Note :** Kindly answer all the above questions carefully and correctly since we would like to take note of any special attention that the child may require.