



SAHANA Montessori School

Pre-primary & Lower primary

No.

STUDENT ENROLLMENT FORM FOR THE YEAR.....

Admission Details		
1. Admission to Class*	Pre-Nursery , Nursery, LKG, UKG, I st , II nd , III rd , IV th , V th	
2. Medium Of Instruction*	<input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu	
3. Mother Tongue	<input type="checkbox"/> Kannada <input type="checkbox"/> Hindi <input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Marathi <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu <input type="checkbox"/> Others (Please Specify)	
Previous School Details (If Applicable)		
4. Previous School Affiliation*	<input type="checkbox"/> State <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Other (Please Specify)	
5. Transfer Certificate No.		6. Transer Certificate Date
7. Previous School Name*		
8. Previous School Type	<input type="checkbox"/> Government School <input type="checkbox"/> Private Aided School <input type="checkbox"/> Local Bodies <input type="checkbox"/> Private Unaided School	
9. Pincode		
10. District*	11. Taluk*	12. City / Village / Town*
Student Details		
13. Student Name* (Eng) (First Name) (Middle Name) (Last Name)	
14. Father Name* (First Name) (Middle Name) (Last Name)	
15. Mother Name* (First Name) (Middle Name) (Last Name)	
16. Father's Aadhaar No.	16. (b) Mother's Aadhaar No.	
17.(a). Date of Birth*	(in Words) 17. (b) Age * Years month	
18. Age Appropriation Reason		
19. Aadhaar UID no.	20. Urban / Rural * Urban Rural	
21. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	

22. Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Budda <input type="checkbox"/> Jain <input type="checkbox"/> Others (Please Specify)	
23. Student Caste		
24. Father's Caste		
23. Mother's Caste		
24. Social Category*	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST	
25. Disability Child*	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Astism <input type="checkbox"/> Physically Handicpped <input type="checkbox"/> Hearing Impartement <input type="checkbox"/> Learning Disability <input type="checkbox"/> Loco Motor Impairment <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Multipal Disability <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Visual Impairment (Blindness) <input type="checkbox"/> Visual Impairment (Low-vision) <input type="checkbox"/> Cerebral Palsy	
26. Special Category	<input type="checkbox"/> None <input type="checkbox"/> Destitute <input type="checkbox"/> HIV Case <input type="checkbox"/> Orphans <input type="checkbox"/> Others (Please Specify)	
Student Contact Details		
27. Pincode*	28. District	29. Taluk
30. City / village / Town*		31. Locality
32. Address*		
33. Father's Mobile No.		
34. Mother's Mobile No.		
Note : - fill this form in capital letters only. - (*) sign indicate compulsory field. <div style="text-align: right; margin-top: 10px;">Parent's / Guardian's Signature</div> <div style="text-align: center; margin-top: 10px;">-----</div> <div style="text-align: center; margin-top: 10px;">(For Office Use Only)</div>		
Student Enrollment No		Admission Date
Student / Parent's Bank Name and A/c No.		
Bank IFSC Code		

Authorised Signature