

APPLICATION FORM



VICON SCHOOL

FOR OFFICE USE ONLY

Application No:	Admission No:
-----------------	---------------

Applying for Grade : _____ Academic Year: _____

Affix passport size photograph of the student here

PLEASE FILL UP THE FORM IN BLOCK LETTERS ONLY

Name of the Student:	FIRST NAME	MIDDLE NAME	LAST NAME
Gender	Date of Birth: (DD/ MM / YYYY)		
Religion:	Mother Tongue:		
Nationality:	Passort Number:		
Caste:	Category(SC/ST/OBC):		
Residential address:	STREET	LANDMARK	
CITY		STATE	
Contact No:	Aadhar No.		

Father's full Name
Occupation :
Qualification
Mobile No.:
E-mail:
Company Name :
Aadhar No.

Mother's Name
Occupation :
Qualification
Mobile No.:
E-mail:
Company Name :
Aadhar No.

Any Siblings studying in this school ? Yes No

Name of the sibling	Grade	Roll No.	Admission No.

DETAILS TO BE FILLED FOR ADMISSION IN PRE-SCHOOL PLEASE IGNORE IF NOT APPLICABLE

Did the student attend play school/nursery ? Yes No
Which Class/Grade has the student completed ? Nursery Prep I Prep I

Name and address of the last play School attended :

Name :

Address :

Year admitted :

DETAILS TO BE FILLED FOR ADMISSION FROM GRADE I TO GRADE V. PLEASE IGNORE IF NOT APPLICABLE

WHAT CLASS / Grade was the student last in ?

For the last School Attended :

Year of Admission	Year left	Class	Percentage/Grade Earned

DETAILS TO BE FILLED FOR ADMISSION IN VI / VII / VIII/ IX / X / XI / XII

British American International Indian Other

What Class/ Grade was the Student last in ?

For the last school attended: Admission No.

Year of admission : Year left : Class/Grade Completed :

Was the Student ever Required to repeat a grade ? Yes No

If so, which grade ? Why ?

School history (List of all other Schools the student has attended) :

School	City	Duration	Grades

Choice of additional language: 1. 2. 3.

Achievements :

Academic

Sports

Extra Curricular

Hobbies

Others

Special interests, if any :

Blood group of the child (if known) :

Does the student have a medical condition / allergies / disabilities ? If yes, specify :

Emergency Contact Details :

Name	Relationship with child	Address	Contact No.

Declaration

I hereby declare that the statements made above and the documents submitted are correct and promise to abide by the rules and regulations of the school

Students's signature (for grade VIII onwards)

Place :

Date:

Parent's / Guardian's Signature

Place:

Date :

Documents to be Submitted on Seleccion:

List of Documents	Received	Date
Photographs (Four Copies)		
Birth Certificate (original/Photocopy)		
Official copy of reports from previous School		
Transfer Certificate		
Aadhar Cards (Child, Monther, Father)		
Caste Certificate		

Emergency Contact Details :

Copies of the Trancript/Marks card of the final exam on the earlier grade to be attached with this form

FOR OFFICE USE ONLY

Name: Grade: Year:

Fee Details

Fee Paid	Amount	Receipt Number
Prospectus Fee		
Registration Fee		
Admission Fee		
Tuition Fee		
Other Fee		

Office

Accounts

Principal

VICON SCHOOL

Bhurkoni (V), Vidhan Sabha Road, Raipur, Chhattisgarh - 493111

Ph.: +91 96 3000 2100, 86 5901 0000

E-mail : info@viconschool.co.in | www.viconschool.co.in