

# LITTLE ANGELS' KINDERGARTEN

at ST. PIUS X HIGH SCHOOL, MULUND

## Minority Status Institution

Affiliated to the Archdiocesan Board of Education, Mumbai

### INFORMATION SHEET

For Jr. KG. 2024-2025

Affix  
Child's  
Photo

#### INSTRUCTIONS:

1. Please read the application form carefully before filling it. This form is an integral part of the Admission process. Admission granted on the basis of incorrect information will be null and void.
2. Application form should be filled in **BLOCK letters**.
3. Incomplete Application Form will be rejected.
4. Please tick  wherever applicable.

#### I A. CHILD'S PERSONAL INFORMATION

Child's Name : \_\_\_\_\_  
(Surname) (Name) (Father's Name) (Mother's Name)

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (in words) : \_\_\_\_\_  
(Date) (Month) (Year)

Place of Birth : \_\_\_\_\_ Taluka : \_\_\_\_\_ District : \_\_\_\_\_

State : \_\_\_\_\_ Country : \_\_\_\_\_

Religion : \_\_\_\_\_ Aadhar Card No.: \_\_\_\_\_

Socially Disadvantaged Section: (SC/ST/BC/NT/OBC/GENERAL/OTHERS) : \_\_\_\_\_  
*Certificate in the child's name to be produced*

Mother Tongue : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Pin Code : \_\_\_\_\_ Residential contact No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

The distance from the school to the residence :

Please tick  which is applicable:  0-1 km;  1-3 km;  3-5 km;  above 5 km

## I B. ADDITIONAL INFORMATION OF THE CHILD

Name and relationship of the family members staying with the child :

\_\_\_\_\_

Student is living with :

Both Parents;  Only Mother;  Only Father;  Others \_\_\_\_\_  
(Name & Relation)

If other than both parents:

Parents separated/divorced;  Father deceased;  Mother deceased

Language(s) spoken at home : \_\_\_\_\_

Is English spoken at home ?  Yes  No

## II. FATHER'S PERSONAL INFORMATION

Father's Name : \_\_\_\_\_  
(Surname) (Name)

Age : \_\_\_\_\_ (in years) Mobile No.: \_\_\_\_\_

Email Id : \_\_\_\_\_ Aadhar Card : \_\_\_\_\_

## EDUCATIONAL QUALIFICATIONS :

Name and Place of the Institutions Attended :

		Degree
School		
College		
Professional (mention M.B.A., B.Ed., M.B.B.S. etc.)		

Occupation / Designation : \_\_\_\_\_

Name of the Organization : \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Annual Income : Rs. \_\_\_\_\_

School Alumni (Past Pupil) : If Yes, the year of passing : \_\_\_\_\_

Are you closely associated with the school ?  Yes  No

If yes, in what way ? \_\_\_\_\_

### III. MOTHER'S PERSONAL INFORMATION

Mother's Name : \_\_\_\_\_  
(Surname) (Name)

Age : \_\_\_\_\_ (in years) Mobile No. : \_\_\_\_\_

Email Id : \_\_\_\_\_ Aadhar Card : \_\_\_\_\_

### EDUCATIONAL QUALIFICATIONS :

Name and Place of the Institutions Attended :

		Degree
School		
College		
Professional (mention M.B.A., B.Ed., M.B.B.S. etc.)		

Occupation / Designation : \_\_\_\_\_

Name of the Organization : \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Annual Income : Rs. \_\_\_\_\_

Are you closely associated with the school ?  Yes  No

If yes, in what way ? \_\_\_\_\_

### IV. SIBLING'S INFORMATION

A brother studying in this school:  Yes  No  
(Real brother only; not cousin)

If yes, Name of the Sibling : \_\_\_\_\_

G.R. No. \_\_\_\_\_ Std. \_\_\_\_\_ Div. \_\_\_\_\_ Roll No. \_\_\_\_\_

### V. PARENTAL ASSISTANCE

We are keen to use talent and resources that are available in the school community which can enrich our school programmes. Please indicate if you may be able to make any special contribution to Little Angels' Kindergarten, such as :

Teaching of :  Music;  Dance;  Coaching Sports

Or any other activity (please mention) : \_\_\_\_\_

## VI. RULES FOR ADMISSION

1. At no time and under no circumstances will any request for a change of the date of birth be entertained.
2. All documents once submitted becomes the property of the school and will not be returned.
3. The admission will be done by the Admission Panel and its decision will be final.
4. Admission will be given as per availability of seats.
5. Admission to Jr. KG. does not guarantee an automatic admission to Standard First.

## CHECKLIST OF DOCUMENTS SUBMITTED :

### *If applicable*

- |  |   |
|--|---|
| <input type="checkbox"/> Birth Certificate                     | <input type="checkbox"/> Caste Certificate of the Child           |
| <input type="checkbox"/> Passport Size Photograph of the child | <input type="checkbox"/> Sibling's Calendar Page                  |
| <input type="checkbox"/> Family Photograph (Size 4"-6")        | <input type="checkbox"/> Leaving Certificate of Parent            |
| <input type="checkbox"/> Aadhar Card                           | <input type="checkbox"/> Income Certificate (if below Rs. 1 lakh) |
| <input type="checkbox"/> Ration Card                           |   |
| <input type="checkbox"/> Self-addressed Envelope               |   |

## VII. DECLARATION

1. We hereby declare that the information provided in this form is true to the best of our knowledge and belief. We understand that, if at any stage it is found that we do not satisfy the admission criteria or the information furnished by us is incorrect, our application will be disqualified.
2. We have read and understood the school rules and regulations with regard to admissions and agree to abide by them. We understand that the decision of the school with regard to our child's admission will be final and binding upon us.

**Father's Signature** : \_\_\_\_\_

**Mother's Signature** : \_\_\_\_\_

**(or Guardian's Signature)** : \_\_\_\_\_

**Submitted by** : \_\_\_\_\_ **Submission Date** : \_\_\_\_\_  
**Name and Signature of the Parent**

**Verified by** : \_\_\_\_\_  
**Name and Signature of the Office Staff**

Affix  
Child's  
Photo

**Application Form No:**

**TO BE FILLED IN BY A MEDICAL DOCTOR**

Name of the Child : \_\_\_\_\_

Name of the Parent : \_\_\_\_\_

Dear Doctor,

Your expertise is needed in the selection procedure. There is a possibility that children with a disability, such as mental retardation or serious hearing or speech impediment may require special attention. Your assistance will be of great help to maintain the necessary record.

**In your opinion:**

1. Is the child allergic to anything ?  Yes  No

If yes, what is the child allergic to : \_\_\_\_\_

2. Does the child have epilepsy ?  Yes  No

If yes, provide details : \_\_\_\_\_

3. Does the child have asthma?  Yes  No

What is the precaution to be taken : \_\_\_\_\_

4. Does the child have a hearing impediment :  Yes  No

5. Does the child have a serious speech impediment:  Yes  No

6. Does the child have any serious physical defects :  Yes  No

7. Is the child suffering from any genetically mental deficiencies :  Yes  No

8. Any other medical issues : \_\_\_\_\_

**Name of the Doctor :** \_\_\_\_\_

**Address :** \_\_\_\_\_

\_\_\_\_\_ **Phone No:** \_\_\_\_\_

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

**Stamp**

**Signature of Doctor**