



# MOUNT HILL ACADEMY

## Admission Form

Note : Please use capital letters only.

Admission for Class

Gender

 Male  Female

Date of Birth

DD	MM	YEAR
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Father's Photo

Mother's Photo

Student's Photo

### INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Blood Group

Religion

Caste

Nationality

Community (Please Tick)

SC/ST

OBC

GEN

OTHER

Father's Aadhar No.

Mother's Aadhar No.

Student's Aadhar No.

#### Father's Details

Name :

Qualification :

Occupation :

Annual Income :

#### Mother's Details

Name :

Qualification :

Occupation :

Annual Income :

#### Address

City :

Pincode :

#### Contact Details

Contact Number 1 :

Contact Number 2 :

E-mail Id :

#### Details of Brother / Sister Studing in Same School

Student Name	Current Class	Current Section

#### Details of Previous Study

Year	School	Class	Grade/Marks obtained in final exams

The previous school affiliated to : STATE  CBSE  ICSE  OTHER

**Documents Enclosed**

- Birth Certificate
- Transfer Certificate - Original Copy (if applicable)
- Progress Report Card - Original Copy (if applicable)
- Cast Certificate - for SC/ST or OBC
- Blood Group Report
- Father's Aadhar Card Copy
- Mother's Aadhar Card Copy
- Student's Aadhar Card Copy

Please Note : 1. Staple all documents to the top left-hand corner of the form.  
2. Photographs has to be pasted please do not Staple.

**Declaration**

I, \_\_\_\_\_ have the authority to admit my child / ward \_\_\_\_\_, into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements/informations provided in this admission form are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

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

\_\_\_\_\_  
Signature of Parent / Guardian**For Office Use Only**Admission Granted - Yes  No 

Admission No. : \_\_\_\_\_ Alloted Class : \_\_\_\_\_ Alloted Section : \_\_\_\_\_

Initial Payment Received (Amount) : \_\_\_\_\_

Admission Co-ordinator's Remark

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

\_\_\_\_\_  
Signature of Admission Co-ordinator

Head of the Institution's Remark

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

\_\_\_\_\_  
Signature of Head of the Institution