

HARVEST INTERNATIONAL SCHOOL

GRADE TO WHICH ADMISSION IS SOUGHT:

Kodithi Village, Carmalram Post, Off. Sarjapur Road Near Kodithi Silk Farm, Bengaluru East - 560035. Tel: 080 - 30268303/1 | Mobile: 9686199415 - 19 Email: info@harvestinternationalschool.in Web: www.harvestinternationalschool.in

Full Name (Last, First, Middle)



HARVEST-CHERUBS MONTESSORI

House of Children

Sex: M/F

(Harvest International School Pre-primary Facility) 173, 9th Main Road, 7th Sector, HSR Layout, Bengaluru - 560102.

Tel: 080 - 32963716, 25724173 | Mobile: 9686199415 - 19

YEAR:

Web: www.cherubsmontessori.org

APPLICATION FOR ADMISSION

						pa	ix the child's ssport sized
Age and DOB (DD/MM/YY)		Nationalit	Nationality		Caste		tograph here
Home address			Email			Telephone / Mobile	
Mother tongue		II Language			III Language		
PARENTS INFORMATION							
Father's Name :			Mot	Mother's Name:			
Occupation			Occi	Occupation			
Office address			Office address				
Office phone Home p	hone	Mobile	Of	fice phone	Home p	hone	Mobile
Home address & Email			Home address & Email				
Education			Education				
Income per Annum			Income per Annum				
Emergency contact details:							
Name	Relati	Relationship		Address			Phone

PREVIOUS SCHOOL DETAILS:						
Name:						
Address:						
Telephone Numbers:						
Contact Person for verification:						
Details of siblings:						
Name	Age	Grade	School			
1.						
2.						
3.						
 Established Expertise of the child if any: (Eg: Dance, Music. Sports, Art etc.,) Has there been a 'Double promotion or grade skip? 						
3. Has he repeated any of the grades before? If so, where and why?						
4. Has your child been suspended / expelled from school? If so, when and why?						
5. Does the child have any learning difficulties / special condition? If so, elaborate.						
6. Is the child under any kind of medication that the school should be aware of?						

How did you come to know of Harvest? Parental reference News paper Internet Website Employee Bus Exhibition Other				
PAR	ENT DECLARATIO	DN		
property, injury or sickness, legal enta	inglements or any other rsions, sports events, e	ny liability for damage or loss of personal eventualities which happen by accident tc., I will be responsible for any medical		
• If my child falls under Special Needs, I agree to abide by the rules and regulations of the school and will pay the applicable fee for such facility.				
• I hereby agree that I abide by the age policies of the school / board.				
• I will be regular in attending PTM meetings of the school and will closely work with the school for my child's development.				
• I have no objection to the school taking photographs and videos of my child participating in various activities and use the same in their official publications and promotional materials.				
Signature of the parents:	Father	 Mother		
Date:				

For office use only

Date of Admission	Entrance exam results:				
Admitted into Grade	Comments:				
Remarks of the coordinator:					
Checklist of documents:					
Application form		FEE DETAILS			
Medical form	Admission				
Date of Birth Certificate	Annual (I Installment)				
TC from the previous school	Transport (I installment)				
Marks list from the previous school	Cafeteria (I installment)				
Special needs assessment (if applicable)	Books				
6 Passport size and 2 stamp size photographs	S Uniform				
Achievement certificates (If any)	Optional				
	Karate certification				
	Jump bunch				
	Special education fee				
	Olympiad fee				
	Excursion / Field trips				
	Cambridge young learners / Chec	kpoint			
	Miscellaneous (specify)				
	GRAND TOTAL				
Next Installment Due on:	Amount:				
*Any reservation claim should be supplem	ented with documental evidence.				
Copy of school fee structure at the time of admission duly signed by the parent to be attached.					
Admission officer Coordina	tor Accounts Manager	Principal			