H.K.D.E. Trust's SHAKUNTALA PATIL RESIDENTIAL SCHOOL , HUMNABAD

Tq : Humnabad		Dist : Bidar	State : K	arnataka
		DMISSION FORM		
Gen. Reg. No. :		RSONAL PROFILE		Please affix recent
Name of the Child (In Block Letters)	First Name	Father's Name		Surname
Date of Birth:				
Religion Sex:		Category	/:SC/ST/CT-I /2A/2E	3/3A/3B/EWS/GM
		Blood Group):	
		Adhaar No		
Class to which Admi	ssion is sought:	·		

DETAILS OF PREVIOUS SCHOOL

Institution	Day/Boarding	Class	Medium	Year of Completion

Reason for withdrawal from previous school:-----

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STUDENT'S BACKGROUND

Hobbies:	·
Language Known :	
(in order of fluency)	
Favourite Food	·
Favourite Games:	
Favourite Books:	
Favourite T V Show:	
Favourite Movie :	
Please check the appropriate answer. YES	NO
Has your child been identified as gifted or talented?	
Has your child ever repeated a Grade?. Grade :	
 Has your child ever been identified as having a learning disability? 	
Please indicate learning disability area:	
Reading Language Mathematics	
 Has your child attended /taken help of tutors/coaching classes apart from 	
the regular school teaching?	
Please indicate the subjects :	
YOUR CHILD'S AREA OF INTEREST	
Please check the appropriate answer.	
Has your child attended/taken help of the musician apart from the regular teaching lease the second se	irning

	orocess? Singing Harmonium Tabla Flute Western Instruments
•	Please indicate the subject you wish your child should learn. Singing Harmonium Tabla Flute Others

• Please indicate the subject in which your child has received the training in Dance. Classical Dance Western Dance

 Has your child received a thoroug 	h training in Yoga?
Please indicate the subject:- Meditation Pranayama	Breathing Exercise. Others
 Please indicate the subject you wind t	ish your child should learn. Imp rope Volleyball Kabaddi
 Please indicate the subject your clean Cricket Chess Skippin Others Chess Structure 	hild knows these below given games thoroughly. g Carom board Kho-kho
 Which of the following subjects de Running Long Jump 	o you think is very essential for your child's physical growth? Badminton Shuttle Cock Others
 Please indicate the area of your child Reading Magazines Collecting Sports Information Others 	d places heavy emphasis or pays more attention towards Poems Collecting Science information Collection
	PARENTS DETAILS
Father's Name (In Block Letters)	
Qualification:	_Occupation:
	Office Phone
	Adhaar No
Annual Income:	
Mother's Name (In Block Letters)	
Qualification:	_Occupation:
	Office Phone
	Adhaar No
Annual Income:	
Address	

Permanent :				
Pin code:	 			
Pin code:	 			
	DETAILS OF LOCAL GUARDIAN			
Name:	·			
	Occupation:			
	Office Phone			
Email:	·			
Pin code:	 			
	PARENT'S DECLARATION			
to abide by them. I furthe management from time to	nd regulations of your esteemed institutions and hereby agree r agree to follow the instructions given by the school o time and I shall not seek refund of fees for any reason. I nation given above is true & correct of my knowledge.			
Date:	Signature:			
Place:	Relationship with student:			
	FOR OFFICE USE ONLY			
	itted on payment of the prescribed fees.			
Date of Admission:	Fee receipt No			