

# ZENITH PUBLIC SCHOOL

90, OOTY MAIN ROAD, POGALUR VILLAGE,  
ANNUR. COIMBATORE Dt. - 641 697

Telephone : PRO - 83444 86666, 83444 73666, 83444 65666

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Website : www.zenithpublicschool.com



## APPLICATION FORM

Admission No. \_\_\_\_\_  
(To be filled in by the Office)

Class to which admission in applied for \_\_\_\_\_

Academic Year \_\_\_\_\_

Please specify if boarding facilities are required YES / NO

Name of Child : \_\_\_\_\_  
(Leave space between first name, middle name and last name)

Date of Birth \_\_\_\_\_ (DD/MM/YYYY) Place \_\_\_\_\_

Male or Female \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Nationality \_\_\_\_\_ Religion \_\_\_\_\_ Caste : OC/BC/MBC/SC/ST/Any Other/Non

Residential Status \_\_\_\_\_ (Domiciled / Overseas) Veg / Non-Veg \_\_\_\_\_

Father's Name : \_\_\_\_\_  
(Leave space between first name, middle name and last name)

Occupation \_\_\_\_\_ Annual Income (Approximately) \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

Address for Communication \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

E-mail ID for Communication \_\_\_\_\_

Mother's Name : \_\_\_\_\_  
(Leave space between first name, middle name and last name)

Occupation \_\_\_\_\_ Annual Income (Approximately) \_\_\_\_\_

Address if different from above : \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

E-mail ID for Communication \_\_\_\_\_

Brothers, Sisters (mention ages) \_\_\_\_\_

Name and address of guardian \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

E-mail ID for Communication \_\_\_\_\_

Family Details & Background \_\_\_\_\_



Name and address of the candidate present schools attended,with dates

State reason for withdrawal from present school \_\_\_\_\_

Has applicant ever been expelled or suspended from any school (if Yes, attach details) YES / NO \_\_\_\_\_

Std., Form or Grade completed so far by the applicant (Enclose previous years Academic Reports)

Music (instruments and years studied) \_\_\_\_\_

Special interests and hobbies \_\_\_\_\_

Any learning disability? (if YES, attach details) \_\_\_\_\_

Medical history (Asthma, epilepsy, diabetes - any allergies or other major illness or physical disability to be mentioned here. Fill separate medical form)

General remarks or information about the child \_\_\_\_\_

**Application Checklist :**

- \* Copy of last 2 Term's Report Cards
- \* 6 Passport Size Photographs (Colour)
- \* Evidence of Vaccination
- \* Copy of Birth Certificate and Passport
- \* An official signed reference from the current Head teacher

**Declaration (To be signed by Parent / Guardian) :**

1. We acknowledge that this application does not automatically admit the applicant to Zenith Public School Coimbatore. Academic Transcripts, interviews and testing records are taken into consideration. Zenith Public School reserves the right to make a final decision. Any falsified or withholding of information may constitute in a withdrawal of the student.
2. We acknowledge that, should this application be accepted our child and we (his / her parents or guardians) undertake to abide by the policies and regulations of Zenith Public School and we understand that in serious instances of infraction, eg damage to school property, bodily harm to another student / teacher, our child may be asked to leave the school.
3. We acknowledge that, upon acceptance, we agree to pay the applicable entrance fee and abide by the billing options outlined in the Fee Schedule.
4. We acknowledge that the school will take reasonable care and exercise due diligence within its premises and during school activities and will bear no responsibility should the applicant exercise any reckless and / or careless behaviour that may endanger his / her safety and others around and as such cause harm or injury to himself / herself and others.
5. We declare that all previous medical and psychological histories are correctly reported on the Admission Form.
6. On leaving the school, students should return text books and any school property they might have borrowed during their stay in the school.

Date :

Signature (Parent/Guardian).

**Important :** Enclose a DD for US \$10 or Rs. 500/- towards application fee.

I enclose / will be sending the details together with the medical form and the application fee.	
Date :	Signature of parent or guardian.

<b>FOR OFFICE USE ONLY</b>		
Receipt No. _____	Date _____	Amount Rs./\$ _____
DD No. _____	Drawn on _____	
Approver's Signature		