



VERTEX

INTERNATIONAL SCHOOL

Registration Number :
Class of Admission :

Application For Admission of Students

Student Details

- 1) Name In Full :
- 2) Name with Initials :
- 3) Date of Birth :
- 4) Gender : Male Female
- 5) Nationality & Religion :
- 6) Parment Address :
- 7) Resident Address :

Details of parents/ Guardian

Father's / Guardian

- i. Name :
- ii. Occupation :
- iii. Office Address :
- iv. Email :
- v. Telephone No : **Residence** **Office**
Mobile **Mobile**

Mother

- i. Name :
- ii. Occupation :
- iii. Office Address :
- iv. Email :
- v. Telephone No : **Mobile** **Office**

Previous Scholl Attended if any

Nursery / 1st School

Name Of the School :

Grade : From to

Period : From DD / MM / YYYY to DD / MM / YYYY

2nd School

Name Of the School :

Grade : From to

Period : From DD / MM / YYYY to DD / MM / YYYY

Health Factors

Does Student have disorders or chronic diseases? Are the medical treatments being taken by the students? **Yes** **No**

If Yes, Mention the reason

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Document Submission

<u>Student</u>	<input type="checkbox"/>	<u>Father</u>	<input type="checkbox"/>	<u>Mother</u>	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Copy of Birth Certificate	<input type="checkbox"/>	Copy of Birth Certificate	<input type="checkbox"/>
Leaving Certificate	<input type="checkbox"/>	Copy of NIC	<input type="checkbox"/>	Copy of NIC	<input type="checkbox"/>
Copy of Nutritious card	<input type="checkbox"/>				

I do hereby certify that above information is true and correct and also, I agree to abide by the rules & regulations of the school.

.....
Date

.....
Signature of father

.....
Signature of mother

FOR OFFICE USE ONLY

Finance Section

Academic Section

Class of Admission : _____
 Admission Number : _____
 Admission Date : _____
 Admission fee : _____
 Receipt Number : _____

Date of Interview :

Recommendation :

.....

Interview conducted by :

Signature of Interviewer :

Billed By:
 Name :

Signature :

